THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | FEBRUARY, 1907 | NO. 5

EDITORIAL COMMENT

SIMPLER METHODS

THE swing of the pendulum in every-day life during the last few years has been decidedly in favor of the simplification of living.

One of its notable instances is in household decoration. Rooms which we formerly saw filled to overflowing with bric-à-brac and ornate, dust-gathering furniture have been reduced to their lowest terms in the way of decoration, giving us a sense of relief both mental and physical.

The elaboration and extravagance of the nation's food will doubtless show as much change, although less apparent; and if we are vouchsafed a few glimmers of common sense in the clothing of our bodies, we may hope that bare existence may gradually become less burdensome.

It remained for an earnest French clergyman to sound the note of warning which the whole world heeded.

However, this tendency toward simplicity has been slowly gathering force in a quiet way, unknown to the general public, in the great practice of surgery, for an even longer period than Pastor Wagner's famous sermons.

The chief apostles of simplicity in surgery have been two brothers in a Western village, who by precept and example have called widespread attention to their creed of simplicity and economy, making their little town a Mecca for the surgeons of the whole world. It is interesting to note that nurses are also making this pilgrimage, and likewise amusing to hear their expressions of gratitude for the spread of a doctrine which many of them have long held, though they have been unable to get an audience to listen to their pleadings.

The first real hearing they had was the notable paper by Miss Samuels, of the Roosevelt Hospital, New York, apropos of the deficits

of some of the large hospitals of the country, and it certainly is especially gratifying to the many women in executive positions who wrestle with the problem of hospital maintenance to find the doctrine of simplicity and economy gaining headway. May we live to see the day when glass, nickel, and marble may be less important, and more thought given to the diet and general comfort of the patient!

PROGRESS OF STATE REGISTRATION: LESSONS TO BE LEARNED FROM THE LAWS IN OPERATION

In opening up the general review of the subject of state registration, we had intended to commence with a criticism of the bills now in operation, in the order in which they were passed. There has been some delay in getting the material together, because of the holiday season and for various other causes, and we are unable to continue the discussion fully in this issue, as announced.

North Carolina.—Of the administration of the law in North Carolina, we have some interesting facts, which we give at this time. The North Carolina nurses succeeded in securing the passage of a law for the state registration of nurses a number of weeks earlier than New Jersey and New York. The bill as it finally came out of the legislature was very much amended, and we have understood it was not at all in the form in which it was presented. In the passage of the North Carolina bill, the workers had no fund from which to draw. The first year after the law went into effect the fees did not amount to enough to pay the expenses, and each member of the board paid his or her own bills for travelling, etc. The members now receive four dollars per day, with travelling expenses, while engaged in the work of the board, the fees being paid out of the five dollars registration fee.

The bill, although one of great limitations, has had a tendency to arouse a greater interest in the careful instruction of nurses, and the training-schools within the state express themselves as willing to make any changes necessary to render their graduates ready for registration. The bill as it passed did not make a diploma compulsory, but we understand that none but graduate nurses have come forward to take the examination. The proposed amendments to the statute which are to be presented to the legislature this winter ask that a diploma from a general hospital be required of all applicants for examination. There has been no provision made for the inspection of training-schools.

We have to take into consideration that the North Carolina nurses

had absolutely no precedent, that conditions in the South are very different from those in the North and West, and that what may seem very inadequate from a professional standpoint to nurses in other sections of the country really represents a great deal when we consider all of the circumstances in connection with the passage of the bill. The statute provides for registration with the County Clerk, with the keeping of a roll of registered nurses, and for the revocation of a license or certificate for adequate causes and by a method of procedure clearly defined.

While the North Carolina bill is not one to be taken as a standard, still as we review the obstacles that nurses of the successful states have had to overcome, and the number of failures that have been met with in other directions, this bill as it stands, the first to become a law, impresses us as an achievement to be proud of. Time will remedy its defects.

A WEAK POINT

For many years there has been more or less complaint and criticism from the oculists regarding the provisions made by general hospitals and nurses' schools for the care of the eye patient.

If one takes the time to inquire and observe, one will find that the complaint is not only well founded, but that the oculists have been remarkably patient and long-suffering. The improvements in the hospitals have been made principally for general surgery, laboratory work, and later dietetics. In some instances the eye patient has had a postscript added for his benefit by making use of some nook or corner which was originally intended for some other purpose, but more often he is nearly overlooked altogether. Teaching of the nurses has been likewise pushed aside for what seemed more important subjects, which leaves graduates of many general hospitals wofully ignorant of the care of the eyes, outside of the preventive measures used with the new-born child.

That this has been done unconsciously there is no doubt, but it seems time for all concerned, hospital officials as well as nursing teachers, to stop and consider.

Sooner or later the great bulk of humanity needs the service of the oculist. Few of us escape, and a glimpse of any public school, with its vast numbers of small children wearing glasses, will convince any doubter of the need of a better understanding of the eye, its use and abuse, both in health and disease.

We make a plea to nurses' teachers to improve this point in their

curricula, to hospital managers to make better provision for the treatment and nursing; and to graduates who are seeking interesting topics for their alumnæ associations to work upon, we would say that here is a subject timely, much neglected, and of vast importance.

SOME OF THE REASONS

It is not only in the army and in our regular hospitals that there seems to be a scarcity of good nurses, but in the broader fields that are opening up we frequently hear of great difficulties which boards in different lines are having to secure the right kind of women for special kinds of nursing work. The tuberculosis crusade has taken a great many into that field, while district nursing calls for the very highest type of women, although even in that direction we hear the cry that it is impossible to get enough. Boards of Health in a number of cities that we have known about have started out with the very commendable ruling that only graduates of the highest grade of schools, or women who are registered where such laws are in force, shall be eligible for positions in the tuberculosis or contagious hospitals. It has been our humiliating experience to see these standards broken down in a number of instances, simply because the women of the higher type have refused to take these positions, and inexperienced nurses have been placed in important positions simply because no others were available.

The salary offered for these positions is usually only fifty dollars. We think institutions will have to make up their minds to pay higher salaries to women of experience, and we see no reason why they should not, particularly in a contagious hospital. We understand that the insane hospitals are having their own difficulties in securing able women for the permanent positions, and we here again think that state and city institutions will have to increase the salary allowance in order to meet the situation. In every line of work requiring skilled labor there is a scarcity of competent men and women all over the country. It is in the trades, in every line of business, among teachers of every class, and, as we know, in all kinds of public institutions. The cost of living has increased very materially, the ordinary food supplies, clothing, and rent having advanced steadily in the past few years, and yet the salaries to teachers and nurses in permanent positions have not advanced. We believe this is one reason why the institutions of every kind are having such difficulty in filling their permanent positions.

The great library development of the country, with the establishment of library schools, is comparatively recent, and has taken great

numbers of the educated classes of women who formerly entered the training-schools. Stenography is another line, and business opportunities are developing in so many ways, that in order to compete with all these different forces, nursing education will have to be placed on a higher plane and the compensation paid to nurses in permanent positions increased.

The demand is for women of the highest education and experience in nursing work; not for women with only technical knowledge.

THE ASSOCIATED ALUMNÆ MEETING IN RICHMOND

THE date of the annual convention of the Nurses' Associated Alumnæ of the United States, to be held in Richmond, Virginia, has been fixed for Tuesday, Wednesday, and Thursday, May 14, 15, and 16, 1907.

This will take the members further South than they have yet gone, at a season of the year when the weather is most delightful in that section, and to a city renowned for its beauty and hospitality. There should be a very large attendance, and we make the announcement early, that the members may make their plans accordingly.

The programme for the meeting will be announced at an early date.

There is to be a section for the discussion of the subject of state registration, to be presided over by Miss Sarah E. Sly, of Birmingham, Michigan, the Interstate Secretary.

VENEREAL PROPHYLAXIS

WE give in this number the first of two papers on Venereal Prophylaxis, contributed by Dr. Marion Craig Potter, of Rochester, New York, which are especially valuable at this time, when agitation on the subject is so widespread. These papers cover an address given by request before the Monroe County Registered Nurses' Association early in December, and they embody instruction which Dr. Potter has given to the pupils of the training-school of the Rochester City Hospital, during the past six years. We call the attention of superintendents of the schools which have not afforded such instruction to their pupils, to the manner in which Dr. Potter has handled this very difficult subject, and we advise such superintendents to see to it that their pupils are properly instructed in regard to this whole broad question of venereal and moral prophylaxis before graduating from the training-schools.

POPULAR MEDICAL INSTRUCTION

UNDER the auspices of the Harvard Medical School, a course of lectures has been established by leading specialists of New England, to be held at the amphitheatre of the new medical school, that will be freely opened to the public to the seating capacity of the hall. The course opened on the evening of January 12, and will continue every Saturday evening and every Sunday afternoon until May 12, thirty-six lectures in all. These lectures are to be given by men of experience and reputation, and are to cover a wide field relating to the nature of disease in general, and to particular prevalent diseases, with instructions as to means of avoidance and of treatment. Also how to care for the body in health, in order to preserve and increase its usefulness. There will be a number of lectures on the care and treatment of infants and young children, which are intended to be of special value to parents. This is perhaps the most broadly progressive step that any medical college has yet taken, it having been the policy of the medical profession heretofore rather to keep the intelligent public as much in ignorance of matters pertaining to health and disease as was possible. There does not seem to be any reason why intelligent people should not only be instructed in regard to the preservation and uses of their bodies in health, but that they should have a reasonable understanding of the causes and conditions of disease, and how to prevent them, and we believe this attitude of Harvard is the beginning of a new era in medical teaching. The average person is very greatly interested in disease. It is a subject we hear discussed on every street corner, in public conveyances, and wherever a number are gathered together for social intercourse, and if people will discuss such subjects, it would seem just as well that they should have some glimmering of the actual truth.

THE PACIFIC JOURNAL AGAIN TO THE FRONT

THE nursing journal of the Pacific Coast continues to develop upon lines which quite fill us with envy. The organizations of nurses in Oregon and Washington have adopted the *Pacific Journal* as their official organ, and will include the subscription to it in the annual dues. Each of these states is to have a representative on the editorial staff, to have charge of the work in its own section. This development is largely due to the efforts of Miss Genevieve Cook, who in the early winter made a trip up the coast and, through her personal effort, aroused an interest among the members of these scattered organizations which promises to bear splendid fruit, not only for the success of the magazine, but for the

progress of nursing on the Pacific slope. We know from our own personal visit something of the splendid cordiality and spirit of coöperation which exists in the northwest especially, and we are watching nursing progress west of the Rockies with a very great deal of interest. Nurses in the newer country have not so many old traditions to fight against, although they have difficulties peculiar to a newer country, from which the nurses farther east are perhaps exempt. The effort is all of an upward trend, in whatever section we find it, and is steadily advancing in a direction for more thorough educational advantages for nurses.

ALUMNÆ QUARTERLIES

THE Alumnæ Association of the Training-School of the Episcopal Hospital of Philadelphia has gotten out an annual report in very attractive form, which includes a review of the work of the association during the five years of its existence, an address given to the last graduating class by Dr. David L. Edsall, and a list of the members, with their addresses. During the past few months we have received an unusual number of requests for information in regard to the cost and best method of procedure in publishing an alumnæ quarterly. It would be a very great help to the other societies if the organizations now conducting such quarterlies successfully would send reports, showing the cost and manner in which such work is conducted, for publication in the official department. This would serve the double purpose of aiding those who are looking for instruction along these lines, and of acting as a stimulus in arousing interest in societies that are not yet seriously contemplating such publication of their proceedings.

OFFICIAL DIRECTORY

WE want to remind association workers that the addresses of the officers of all of the affiliated national alumnæ associations are published monthly in the official directory of this magazine. Corrections and changes of address are made as rapidly as sent, and by using the directory instead of writing to the JOURNAL, much time and labor will be saved for all parties concerned. We want again to remind our readers that Miss Sarah E. Sly, of Birmingham, Michigan, is giving a great deal of study to the subject of state organization and legislative procedure, and that she is the proper person to appeal to for assistance in regard to such matters. While we are more than willing, personally, to reply to inquiries of every kind in regard to the subject of state organization, Miss Sly is in a position, from her close touch with all the states, to give very valuable aid.

VENEREAL PROPHYLAXIS*

By MARION CRAIG POTTER, M.D.

Woman assistant to the attending staff, Rochester City Hospital, Rochester, New York

It seems like the irony of fate that one of the strongest and purest sentiments of life should be the source of a class of diseases the most loathsome and abhorrent that flesh is heir to, and that the goddess of love, adored and worshipped by the ancients under the name of Venus, should give the name to these diseases.

Of venereal diseases, the one most terrible in its ravages has also received its name from a legendary myth, which relates that a faithful servant, Syphilus by name, worshipped his master the king so much more than he did the gods, that Apollo, in a rage of jealousy, as a punishment afflicted him with the disease which has since borne his name.

Speaking broadly, venereal diseases are those due to and originating in impure relations between the sexes, although, as we shall learn, they are often transmitted in other ways, and should be classed among contagious diseases. However, the name remains.

This class of contagious diseases is divided into three principal groups, namely, Syphilis, Gonorrhœa, and Chancroid. Each is a distinct and separate disease, and has nothing in common with the others, although they may all be present upon the same person at one time, but possessed of certain characteristics which are peculiar to themselves. In this paper we will confine ourselves to the study of Syphilis, leaving Gonorrhœa and Chancroids for another time.

Syphilis is a specific infection and chronic disorder resulting either from immediate or mediate transference of the disease from an infected to a sound individual, or from its transmission by inheritance.

It is a constitutional disease; by which we mean that it may infect the entire system. In fact, there is not an organ nor a tissue in the body, from the hair on the head to the nails on the toes, that may not show its ravages. It is by far the most important disease that afflicts mankind, not only from its effects upon the original sufferer, but from the consequences which may be entailed upon the innocent offspring of the syphilitic individual.

---

*Lecture given to the Monroe County Registered Nurses' Association, New York, by request.

It is the extremely contagious character of the syphilitic virus when conveyed from the diseased surfaces of an infected individual to an abraded surface in a healthy person that makes a knowledge of the disease itself and its various manifestations of such importance to a nurse. When a nurse is called to a case of diphtheria, smallpox, or contagious diseases of that character, she goes with the knowledge that possibly her life may be sacrificed in the performance of the duties of her profession, but she has the sympathy of her friends, and all possible measures of protection are thrown about her. It is not so in syphilis. She does not go forewarned, and receives no hint that she is running the risk of a contagion which may cause her years of suffering, and possibly death, and would forever cry out, "Unclean! Unclean!"

The popular opinion is sound, and ought to be emphasized, that it is unsafe to drink from public cups, to use public toilets, or to place coins in one's mouth, because syphilis is often acquired in this manner. Science is now taking up the question, and individual communion cups are becoming common in the churches, and a careful study is being made of some practical substitute for the common cup in school-rooms. It has formerly been often acquired accidentally through the processes of vaccination, tattooing, and skin-grafting, but now vaccine virus direct from the cow is used almost entirely, and in skin-grafting physicians are very particular about the former history of the person who gives the grafts. Tattooing is passing out of use as vulgar and a relic of barbarism.

The object of these lectures on venereal diseases is to help impress upon you the necessity of self-protection against them, and your training must be materially deficient if this question of self-protection has not been borne in upon you, so that you look upon every person you nurse as a possible victim of syphilis, and a source of danger, no matter what other ailment may be present. Everlasting watchfulness must be your only safeguard. It may be possible that in private practice you will never nurse a patient whose disease is called syphilis, and you may never hear syphilis discussed after leaving the walls of your alma mater, but you *will* certainly be called to care for patients suffering from it.

As you have been educated to a knowledge of sepsis, and the necessity of asepsis, so that you unquestioningly sterilize everything for the protection of your patient, so you should constantly have a care for your own safety. The surface of the skin or mucous membrane must be broken in order for the infection to enter the circulation, and if unavoidably the hands have in some way become abraded, the raw surfaces should always be protected.

The first historical mention we have of syphilis is about the time of the discovery of America, near the end of the fifteenth century, when there was a notorious and epidemic-like outbreak of syphilis in Italy. Its true source of infection at this time was not recognized, though many presumptive causes were given, among others that it had been brought from America by the men accompanying Columbus on his first voyage of discovery. This, like all other theories, on further investigation was found to be erroneous. Outbreaks have been found common at seaports after the arrival of sailors, and the disease has been found to spread throughout districts overrun by invading armies. The lawless character of these people has spread the disease all over the world.

Syphilis is known as a protective disease; that is, like smallpox and diseases of a contagious character, one rarely contracts the disease more than once in a lifetime. We shall learn later on that an attack of gonorrhœa or chancroid does not render the patient immune.

Syphilis runs its course in three distinct stages. The first stage or initial lesion is known as a chancre. It is very unoffending in its appearance, and is a small ulcer with a hard base. This hardness is more noticeable in some cases than in others.

This little sore is the place of infection; it is the exact point where the syphilitic germ came in contact with an abraded surface and the patient became inoculated with its poison. This chancre is syphilis; no cauterizing it, no cutting it out, no local treatment to it of any kind, can change its character or prevent the poison from continuing its deadly march through the system.

This initial lesion is *usually* situated on the genitalia, but the fact that brings the subject practically home to you is that it may develop at any spot where the germ from the syphilitic person comes in contact with a raw surface.

The secretions from this initial lesion are especially contagious, and every time a douche is given or a patient bathed, the nurse should feel satisfied that there are no unprotected abrasions on her hands, and should thoroughly cleanse them after the performance of those duties.

At one time there was a patient in one of the State Hospitals, who, two years previous to entrance, had had a hard sore on her nipple. In time she developed all the symptoms of syphilis. It had been neglected, and in two years she had degenerated into a hopeless, demented wreck of humanity. When she came to the hospital the true nature of her insanity was diagnosed, and the cause searched for. She was the wife of a saloon-keeper. One of the men about the place had syphilis. He was accustomed to kiss the baby, and from sores on his lips, which are

known as mucous patches and are very common in the course of the disease, he had inoculated the lip of the child, causing a chancre. The mother had become infected from nursing the child.

The health of many young girls has been sacrificed by allowing the kiss of a profligate. A case is on record where a young lady not only contracted the disease herself, but infected her whole family from a chancre on her lip, caught from a mucous patch on the lip of a young man who had escorted her home. Chancres have appeared on the knuckles of women washing the linen of syphilitic persons, and on the fingers of nurses and physicians. There is no place on the body, if the surface is broken, where the initial lesion of syphilis may not develop, if the virus or poison comes in contact with it.

There is always a period of incubation between the contact of the poison and the appearance of the initial sore. The average period of incubation is twenty-one days. That means that there is no appearance whatever of any sore during these days of incubation.

The venereal ulcer or initial lesion or chancre, all of which names have been given it, is very superficial, and its tendency nine times out of ten is to heal rather than to extend. In connection with this ulcer, the neighboring lymphatic glands are usually swollen. They are hard under the finger, show no tendency to suppurate, and are known as syphilitic buboes. If the sore is on the genitalia, we will have enlargement of the glands in the groins, and if it is on the lip, the glands of the neck become swollen.

Between six and seven weeks after the appearance of this chancre or first stage of syphilis, another distinct set of symptoms begin to manifest themselves. This is known as the secondary stage.

For a few days before the outburst of the secondary stage there are symptoms known as prodromata or forerunners of what is to follow. There is fever, rheumatoid pains of the muscles, aching of the bones, especially of the long bones, such as the ulna and tibia, and headache, usually confined to one side of the head. The peculiar feature of these symptoms is that they are worse at night.

Following closely upon the prodromata of this secondary stage we have the appearance of the lesions on the skin and mucous membranes.

The first one of the skin eruptions to make its appearance is characterized by rose-colored blotches or macules, and is called erythema maculatum. This eruption is abundant over the entire trunk, arms and legs, sometimes invading the face, notably the forehead. Just before the rash fully declares itself, there is a peculiar mottling of the skin, looking as though the eruption were under the cuticle, but had not yet made its way through.

This erythematous or roseola-like syphilide pursues its course evenly and quietly, passing on from distinct rose-colored stains to a coppery hue, then to a dingy yellow, and finally disappears entirely with a slight desquamation of the skin, leaving no trace of its presence. This coppery hue of the syphilides was formerly considered of diagnostic importance, but we often find it in non-venereal skin eruptions.

Following closely upon the erythema maculatum we have an eruption called erythema papulatum. We found that a macule was a red blotch; a papule is a pimple—that is, instead of being simply a blotch of color, we have an elevation of the cuticle, the eruption being raised above the level of the skin.

This erythema papulatum is of a darker hue than its congener, the erythema maculatum, and always more or less scaly. The papules are small and bear some resemblance to the simple acne that often invades the shoulders and arms from the irritation of flannel.

These pustules are widely disseminated over the body, like the macular and papular syphilides, and if the course of the disease is favorable, the pustules dry up, and become covered with flakes of dry epidermis, which are subsequently cast off, and only a staining of the skin remains, which in time fades away. If the pustule has been deep-seated, after the pigmentation or discoloration of the skin vanishes a white shiny scar is left, the size of the pustule, which is permanent.

The course which these symptoms pursue varies in intensity. Sometimes there is a distinct intermission between these eruptions, when the skin looks healthy, and to all appearances the person is well. At other times the progress of the disease is rapid, one train of symptoms crowding upon the others, until we find the three forms present all at one time—macules, papules, and pustules.

Eruptions on the hands and feet are unusual, and an eruption of this character on the palms of the hands and soles of the feet is always suspicious and nearly always syphilitic.

One prominent feature of this eruption is that it does not itch. This should be remembered—syphilitic eruptions do not itch. The skin of the syphilitic may be irritable, but there is never the itching and marks of the finger nails found in eczema, phthiriasis, lichen, and similar diseases.

After an intermission an eruption of pustules appears. The pustules are more deeply imbedded in the tissues than the papules, starting from the true skin and not the epidermis, and instead of being felt as an elevation above the cuticle, they are felt beneath the surface as a small, hard point, which rapidly becomes elevated and is crowned at its apex with pus.

The next and last symptom of syphilitic manifestations in the skin, to be spoken of in the secondary stage, is the gumma, in which the amount of thickening in the skin and the cellular tissue under the skin is very abundant and brawny, and which gives rise to very deep and offensive sores if allowed to break down and ulcerate. These gummata are found more frequently on the thighs and arms than elsewhere.

We have now gone over the salient points of the syphilides of the skin. Coincident with lesions of the skin, we have those of the mucous membranes. At the time of the outbreak of the first eruptions, inspection of the throat will reveal the entire mucous membrane red and congested. This condition extends to the tongue and whole buccal cavity, but with all this congestion there are comparatively few physical symptoms, such as soreness of throat and fever.

As the syphilides of the skin change from simple to serious, so lesions of the mucous membranes change from simple redness and congestion to thickened spots which become infiltrated and ulcerate, and are known as mucous patches. Other lesions of the mucous membranes are still deeper, corresponding to the gummata of the skin. These may cause ulceration of the larynx or septa between the nostrils, ulcerating so rapidly as to cause extensive disfigurement in a few days.

Conjoined with these symptoms of the skin and mucous membranes, we have enlargement of the glands all over the body, known as adenitis universalis. With these various lesions of the skin and mucous membranes and enlargement of the lymphatic glands, the appendages of the skin—the hair and nails—invite our attention. There is often a general alopecia, or falling out of the hair. This is not confined to the scalp, but attacks the hair of the face, the eyebrows and eyelashes, and all the hair of the body. In the early stages this is quickly replaced by as luxuriant growth as before; in the later stages of the disease this is not the case, as the follicles themselves are destroyed.

To recapitulate: In the first place, the chancre or primary stage appears about twenty-one days after exposure to the syphilitic virus; then there is a period of apparent immunity or recovery from the disease before the secondary stage appears. This secondary stage is characterized by lesions of the skin and mucous membranes, enlargement of the glands, and falling out of the hair, each symptom advancing progressively from superficial to deep lesions, from those which are mild and rapidly absorbed to those which are ulcerative and not readily absorbed.

Syphilis never runs a haphazard course, but pursues—if a serious case—a steady course from bad to worse, and from superficial lesions to those deep and destructive. In the foregoing we have tried to picture a

power. Each and every viscus is liable to be invaded, as are all the tissues, connective, fibrous, muscular, cartilage, brain, nerve and blood vessels. Any of the functions may be disordered by it, and each or all of the special senses may be perverted or destroyed. The symptoms of all the forms of local, special, or general paralysis of motion and sensation may be occasioned by it. Finally the intellect may succumb, causing acute and chronic mania, melancholia, dementia, or paresis. Tertiary syphilis is especially prone to attack the bony and nervous systems.

Although we have drawn the picture of syphilis so black, no chronic disorder is really more amenable to treatment, and the manner in which the most hopeless ulcerations and symptoms of paralysis, if due to syphilis, disappear under the use of antisyphilitic remedies seems miraculous.

When the diagnosis is confirmed by the appearance of the secondary symptoms, then treatment should be crowded. Under treatment the neuralgic pains at night disappear, the eruptions of the skin vanish, the soreness of throat and mucous patches in the mouth clear up, the enlarged glands become absorbed, the falling of the hair is prevented, and the patient imagines himself cured. Not so! If treatment is discontinued at this point the symptoms will be found to be only in abeyance and will surely return. Treatment must be vigorously continued the first and second years, and the patient kept under observation for at least three years. It is not considered safe for a person to marry until five years after the initial lesion, and then only if the patient has taken treatment. If the treatment is followed out, no symptoms may ever occur beyond the first eruptions of the skin, and the individual's offspring may be born healthy. We have reason to believe that the germ of syphilis has been recognized, and the disease in time will be pronounced cured only when it can be proved scientifically that the germ has disappeared from the blood.

The following case illustrates how lightly the laity treat this terrible black plague, and how little knowledge they have of its real dangers. This secondary stage is self-limited, but there are nostrums on the market which cut it short, and the deluded victim considers the disease cured.

A very attractive little woman, a bride of six months, consulted a physician. On examination it was found that the patient had secondary syphilis, which was evidently undiagnosed and untreated. As she was in town temporarily, and the case was urgent, she was told to have her husband call for the medicine, which he did.

Fortunately for the physician, he carried his diagnosis with him,

for he had paralysis of the third nerve, with characteristic deformity of the right eye. On being told that his wife was suffering from syphilis, he declared "it couldn't be so." The physician replied: "You have it, too—your eye shows it." He then said: "Oh, well, I did have a touch of it once, and if that is the trouble I can cure her. I have cured lots of cases."

We have seen the wife murdered by syphilis contracted from an unfaithful husband, and an innocent woman its victim for life in a form which no doubt in her case will either cause her death or some lingering, loathsome illness worse than death. But the monster is seen in its most cruel form where the innocent babe is its victim through inherited syphilis. The lesions of inherited syphilis, such as bone lesions, spinal curvatures, blindness, deafness, and idiocy, are the most disfiguring and hopeless and the least amenable to treatment.

In a large majority of cases of pregnancy, where the parent is syphilitic, miscarriage occurs, while in others the child is so diseased at birth that it soon dies. Other children soon after birth, usually within three months, have a profuse discharge of mucous from the nostrils, known as coryza, accompanied by fever, eruptions of the skin, and mucous patches of the mouth. This corresponds to the secondary stage, as there is no primary stage or initial lesion in inherited syphilis. This condition may go on for months, if the true nature of the disease is undetected and proper treatment not given. At best the child grows up a weakling, often succumbing to some intercurrent disease. Many of these children are imbeciles. If the child has escaped in infancy, the disease may still be manifested by the permanent set of teeth being notched in a peculiar manner. These are known as Hutchinson teeth, and it is well for a nurse to always examine a child's teeth, and if they are decidedly notched and wedge-shaped, to call the physician's attention to them.

The child may possibly show no trace of the poison until puberty, when there is very apt to be an exacerbation of symptoms. Possibly the child develops iritis or atrophy of the optic or auditory nerve, and no matter how vigorously treatment is pushed, blindness or deafness often results. Epilepsy, hysteria, and persistent skin diseases may develop, or the child may be a nervous wreck, the constitution being hopelessly undermined.

In regard to the contagiousness of syphilis, it has been found that the physiological secretions, such as tears, perspiration, urine, and milk, are not contagious, and, as a rule, those deep lesions, known as the tertiary stage, are not contagious. The secretion from the chancre,

the mucous patches, and the blood of a patient are contagious. The mucous patches and blood of an infant suffering from inherited syphilis are also contagious.

It will thus be seen that the puerperal period is a time when especial care should be taken, as the secretion from a chancre or mucous patch, or the blood from the patient, might easily reach an abraded surface on the hand of the attendant. This period is not only a time of anxiety for the nurse, but it is a time when both nurse and physician should watch out that there are no sores on their own hands which might infect the patient. There is a case on record where a midwife inoculated forty women with syphilis from a chancre on her finger. The case was taken into the courts, where the woman was found guilty of knowing the nature of the sores, and imprisoned as a punishment.

Always be on guard. You can trust no person as free from contagion, for any one may be an innocent victim of this terrible disorder. No woman of leisure has more reason to be particular in the care of her hands than the nurse. The hands should be carefully manicured, time being taken to thoroughly soften the cuticle about the nails so that it can easily be pushed back and hanging nails prevented. When out of doors the hands should be protected by gloves, especially if a person is rowing, bicycling, or doing anything that might cause blisters. Cracking nuts or using the fingers for anything unnecessary that may abrade the skin should be avoided. With the best care abrasions may come, and a nurse should always be provided with collodion, vaseline and rubber gloves.

If the case for any reason seems especially suspicious, it would be well to dip the hands in vinegar, to find if there are some undiscovered abrasions to cover.

Do not make the mistake of thinking that physicians are under obligation to raise danger signals for your benefit. No danger signals are thrown out for them. They know that syphilis lurks in the most unsuspected places, and it is a part of their professional equipment to be constantly on guard against it. But physicians grow careless, *how* careless perhaps nothing can give you a better idea than for me to say that Dr. Osler states he knows twenty physicians who have been accidentally infected.

For a physician to keep his own counsel is one of the first laws of the profession. People will not continue to employ a person whom they suspect of telling their family affairs or retailing their misfortunes. Gossip may be forgiven any one except a physician or nurse. Secrets discovered in the sick-room are as sacred as the confessional. Even

the courts respect knowledge gained there, and do not demand its repetition.

The physician not only does not disclose his thoughts to the nurse, but this secrecy extends to the family, and often even to the patient. It is a *physician's* duty, when he comes in contact with a case, to protect an innocent wife, husband, or child, but if, with the utmost tact and discretion, he undertakes to meet this duty, he often finds himself in serious complications and perhaps legal difficulties, from an error in diagnosis or the deceit of the people with whom he has to deal.

If this is the case with the physician, who has years of study and experience at his command, who else can master the situation? Do not let a mistaken conscience lead you into giving a warning or expressing an opinion. Other diseases often simulate syphilis, and even the shrewdest syphilographers acknowledge they may make mistakes in diagnosis. If your suspicions are aroused, protect yourself, but be hopeful that you are mistaken. You will be besieged to give an opinion in ways you least suspect. A jealous wife may tell you she has syphilis, in order to get your opinion of her disease, when she really knows nothing about it and may not have it.

Have no opinion, have no confidante, have no curiosity; faithfully and unquestioningly execute the orders given you. Every interest of your patient may be conscientiously cared for, and self-preservation still remain your motto.

To be continued.

SYMPTOMS OF DISEASES AND ASPECTS OF SICKNESS IN CHILDREN

By J. W. PRATT

Scarlet Fever.—This usually occurs between the ages of two and twelve years, though adults occasionally contract the disease.

The time of incubation is from four to seven days. It begins with sore throat, chills and fever, headache, vomiting, restless sleep, and delirium. In children, convulsions indicate severe nervous disturbances.

The rash appears about the second day, on the chest, neck, and face, and gradually covers the entire surface of the body. There is a distinct pallor around the mouth. The rash lasts from two to five or six days, during which the severe symptoms continue, the throat is extremely sore, and there may be inflammation of the kidneys and the middle ear. All these complications tend to heighten the fever and delay convalescence.

In the anginose and malignant form of scarlet fever, all the symptoms are extremely severe. There may be diphtheritic deposits in the throat, and extremely severe earache. These symptoms must be watched for. In earache, children will scream and toss their heads from side to side. In inflammation of the kidneys, the first symptoms may be scanty urine, puffiness of the face, and intense pallor. These symptoms must be met with instant treatment or they may be quickly fatal.

In mild cases the fever is high for a few days, the eruption appears, and convalescence follows with desquamation. The fever ends by lysis.

In severe cases the temperature remains high, and is kept up by complications, diphtheria being a common one. Swelling of the glands of the neck must be watched for and reported at once. Pneumonia may occur, beginning with short respirations, flushing of the face, and rise of temperature.

Endocarditis or pericarditis may complicate scarlet fever. The pulse is rapid and wiry, with a short, sharp scream from the child, especially on any exertion, such as talking, and with a desire for the upright position. This may also indicate pleurisy, but examination by the physician will determine which.

An outward symptom of otitis media is the sign of pus on the pillow. It may occur without any previous sign of earache. All symptoms have to be met as they arise, and gradually convalescence is established. Dur-

ing the period of desquamation, great care should be taken to avoid draughts and in every way to avoid any kidney complications.

Measles.—The period of incubation is from one week to two. It begins suddenly with chills and a rise of temperature from 102° to 104° F. The child has a loss of appetite, is restless at night, and there is watering of the eyes and a general catarrhal condition. The eruption occurs on the fourth day, on the forehead, face, and then on the entire surface of the body. There is often very severe coughing, which may cause pain across the abdomen. There is also extreme itching of the entire surface of the body, which causes great restlessness.

The eruption fades in about ten days, and desquamation begins. In complicated cases there is great aggravation of the catarrhal conditions, and there may be inflammation of the middle ear, which will retard recovery.

Diphtheria.—One of the symptoms is general malaise. Few children can explain that their throats are sore, therefore it is a good plan to examine the throat of any child who is ill from an unseen cause. In diphtheria the throat is red and swollen, and there are grayish white patches of false membrane. In bad cases these patches will form on the soft palate and uvula, pharynx and posterior nares or larynx.

In mild cases the disease ends in about the second week. There is restlessness, drowsiness, and vomiting. The temperature varies from 101° to 105° F., pulse feeble and rapid, respiration difficult, face pallid, lips blue, nostrils dilated, and the expression of the face pitiable.

The most dangerous form is laryngeal. In children the passage for air in the larynx is very narrow, so any membrane forming there causes obstruction very quickly, respiration is difficult, and the muscles of the neck are strained in the effort to breathe. The membrane may entirely close the opening, and without quick surgical interference death takes place in a short time. A hoarse, croupy cough often indicates the extension of the membrane to the larynx.

During the disease, if the child sinks into a stupor it is a sign that the entire system has become affected with the poison, and in this case death may result from heart failure.

Cerebrospinal Fever.—There is no children's disease known, or, in fact, any disease, in which the symptoms are more peculiar or varied than in this fever. All symptoms seem to be peculiar to the brain and spinal-cord. There is sudden chilliness, headache, nausea, vomiting, pain, and gradually a general stiffness of the muscles of the back. The patient's

face has a terrible expression of distress, and there are terrific cramps in the muscles of the legs, twitchings of the lips and muscles of the face, and general convulsions, with the peculiar condition of the head drawn back, the spine curved, the forearms flexed upon the arms, the legs upon the thighs. In children there are shrill screams, even when unconscious. Vomiting is severe. Delirium is terrible and often of a maniacal order.

The fever often reaches 108°–109° F., when the pulse becomes rapid and feeble and death takes place.

During the disease there is great variation in the pulse. Sometimes it is normal in frequency, then quick, sometimes intermittent. The respirations have the same peculiar conditions. In cases that recover, the general muscular symptoms gradually disappear. The patient cannot bear the slightest light or sound, but these feelings gradually pass away, though the child will cry with pain all through the muscles for some time after the general bad symptoms have ceased to exist. Symptoms and feelings of this disease can be expressed by adults in a way which gives one a better idea of what children really suffer.

Typhoid Fever.—Synonyms in children, brain fever, infantile remittent fever. The child is languid, there is loss of appetite and inability to do things, he is easily irritated and seems cross for no apparent reason. Sometimes there is nose-bleed, and the child will pull its hair, which, as a general rule, indicates headache, if it is too young to explain. These symptoms gradually increase till they are all aggravated, when there are restless nights, gradual rise of temperature, and pain in the abdomen, which is indicated by a sharp, continued cry.

The temperature rises a little each day, and the symptoms grow worse in the second week. The child is drowsy during the day and delirious at night. Convulsions may occur, but they are more common in the eruptive fevers. The abdomen is tense and swollen, and groups of red, slightly elevated spots—the rose rash of enteric fever—appear on the abdomen, chest, and back. There is diarrhœa, with from five to eight or more painless, watery stools in twenty-four hours.

The child cries at intervals, sometimes a sharp, quick cry commonly known as a cerebral scream. The cry may be due to general disturbances of the nervous system, headache, earache, pain in the abdomen, or general delirium.

The pulse is usually rapid in children, ranging from 110° to 130°. A continuous high pulse rate is unfavorable, and great irregularity is a bad sign.

The temperature in moderately severe cases is 102° to 103° F. in the morning, and 103° to 104° in the evening. A temperature of 105°, 106°, or 107° is a grave indication. Marked morning remissions are favorable. Complications must be met as they arise. Pneumonia may be contracted very easily. Patients should not be allowed to lie in one position, as turning them from side to side is a good way to prevent congestion of the blood in the lungs, which may occur from one position—that on the back—being taken too long.

In mild cases all the symptoms improve in the second or third week. In severe cases they increase. The gravest accidents are hemorrhage and perforation. The slightest hemorrhage may be the forerunner of a more serious one.

Symptoms of hemorrhage are restlessness, pallor, rapid running pulse, sighing respirations, syncope, and the discharge of blood from the rectum. Occasionally there are these symptoms and there is no sign of blood for three hours after, then sometimes I have known from one to one and a half pints voided. In perforation there are sudden tympany, with a sharp cry indicating pain; pallor, rapid running pulse, vomiting, collapse, followed by cyanosis round the mouth, which shortly appears in the hands and feet. Death takes place in from one to three hours in children.

As a rule, the ulceration of the intestines is less in children than in adults, making intestinal hemorrhage and perforation less frequent.

The nervous symptoms are very severe, which has often given typhoid the name of brain fever. Grave conditions are picking at the bedclothes, spasmodic twitching of the muscles, and hiccough, or the child lies as if prostrated, and sinks in the bed. These conditions require careful watching.

Positions taken by sick children are important, and those given are well worth knowing. In pneumonia, if a child lies on one side by preference, it shows that that side is the affected one, as by lying on that one it gives better play to the less affected lung. In long illnesses or severe ones, great exhaustion is shown from the child lying on the back, with the face towards the ceiling. It may lie this way like a log till death takes place. If it lies constantly in one position, it may be paralyzed in some part; if it cries out when being moved, it lies still because of pain, as in rheumatism or scurvy.

Sleeping with the mouth open and head thrown back indicates that the tonsils are enlarged or that there are adenoids.

The motion of a child's hands are often deceptive. It will sometimes place the hands on the chest when there is pain in the abdomen.

Burying the face in the lap means inflammation of the eyes.

In inflammation of the brain, the head is drawn backward, and there may be opisthotonus or endosthotonus.

In pain a child is restless and does not sleep. In the beginning of acute disease, if cold, the child lies in a heavy stupor. It will often place the hand over the seat of pain, on the ear for earache, to the mouth in teething, and will pull the hair in severe headache.

In approaching convulsions the thumb is drawn into the palm and cannot be bent out.

Doubling up and straightening of the body mean colic.

The color of a child is altered by disease. It is yellow in jaundice, blue in congenital heart-disease, pale around the mouth during nausea. The skin has an earthy hue in diarrhœa and Bright's disease.

A flushed face means fever; sudden flushing and paling of the face, disease of the brain.

In whooping cough the face is flushed and stupid; in Bright's disease it is swollen.

A sudden crossing of the eyes denotes approaching convulsions, while wrinkling of the forehead means pain.

Every diarrhœa a child may have is not cholera infantum. This is a rare disease, with copious, watery stools, with or without vomiting. The face is deep-lined and shrunken.

The abdomen is tender and tense in colic, retracted and sensitive in inflammation of the brain, distended in diarrhœa and dropsy.

Not every cry which ceases when the child is fed is caused by hunger. A colic cry may be stopped in this way.

Persistent crying may be due to the sticking of a pin or the itching of eczema, or to some eruptive fever.

If a baby cries when taken up it may be due to a pain in the chest or severe intestinal colic.

A frequent whining cry is due to ill health. Shrill screams mean inflammation of the brain, when they are known as a cerebral cry, or may be due to cardiac inflammation.

In inflammation of the lungs the cry is short, due to pain in the chest. Nasal cry is due to a cold in the head. To cry when the bowels move means pain at that time. It is a loud, violent cry.

In exhaustion a child wrinkles its face to cry, but there is no sound. There are always tears after three or four months; if not, the child is not seriously sick.

A croupy cough is a spasmodic cough.

Enlarged tonsils and a long palate may cause a cough.

In whooping cough a child may or may not whoop.

A WORD TO THE WISE

By GISELA VON POSWIK

Graduate German Hospital, Philadelphia, Pennsylvania

Never share a bed with your patient, may be good advice for some of our newly graduated nurses, who start out in private work.

Often one is called to a hotel or a private house where only a little room is at the disposal of you and your patient.

When night comes, the patient, glowing with fever, says frequently: "Miss S., do not sit on that hard chair during the night. Look—this bed is a double one, with room enough for two. Come share it with me, for you need rest. Do please me; it will be a comfort to have you near me."

Now, here comes the temptation to a nurse to please her patient, but stop a moment, think of your patient's and your own welfare.

A patient must have undisturbed rest. Can she have it if the nurse turns or even moves? Does it not annoy a sick person? Is it right for a nurse to allow herself to try to rest with a patient who is restless, coughs, or has fever? Certainly not. It's a professional crime on the nurse's side. There are many ways in which a nurse can use her own ingenuity. If you are in a hotel, ask for a cot, which can be folded under the patient's bed, or in harmless cases removed from the room during the day. Often a Morris chair, by letting down the back and using a few pillows, can be turned into a fairly comfortable resting place.

My first private case was in a large family in very poor circumstances. The mother asked me to share the bed with my patient, a child who had typhoid pneumonia, for there was absolutely no room in the house, and not even a comfortable chair or a couch. I noticed that the children were plagued with pediculosis, and the beds alive with undesirable inhabitants.

What could I do? The first thirty hours there was no time for sleeping. By making up the bed I discovered that the mattress was a divided one, my patient occupying only half the bed, so, on the impulse of the moment, half of the mattress was quickly washed well with strong carbolic solution and put on the kitchen roof. After it was well sunned and aired, it landed on the floor, which I was sure had previously received a good antiseptic cleansing.

Thus I had a clean, semi-soft spot on which to curl myself during the night. This portion of the mattress was removed to the roof during daytime.

Let me state another case which just comes to my mind. A nurse had charge of a patient with valvular cardiac disease, complicated with insomnia, for six months. After that she was worn out and was obliged to leave her charge.

When the new nurse arrived and was shown to the bedroom she found, to her astonishment, that the single bed was not made up. "Pray, where did Miss S. sleep?" The daughter of the patient, with some surprise, said: "Why, she always slept with mother. You know, poor mother always liked to hold her hand, and then she does not call," etc., etc.

But the new nurse quietly said: "Let us try a different plan and see how we can work it." She made up the single bed and pushed it close to her patient's bed. During the first night her patient touched her every few minutes, and both had very little sleep. The next night the bed was moved far away, so her patient could not reach her; but now the poor nurse was called as many as seven times in ten minutes.

She did not give in, however. The next night the same plan was followed, for she had found it was only a habit, which had to be broken. It was a hard fight, but after three weeks the nurse won. The patient was taught to be contented by herself and to sleep. The nurse obtained sufficient rest, thus enabling her to continue with the case many months.

Two years ago I had charge of a sanatorium. One night, by making late rounds, I found that one of my special nurses slept with her patient, who had tuberculosis. The next day I called her to my office and asked her the reason for sharing her patient's bed. She replied: "I know it is wrong, but I love the poor little woman; she has so little blood and could not get warm, and is so homesick for her husband and family. By taking her in my arms she was warm and comforted in a few minutes."

I warned her, and made her promise me not to continue such a foolish practice. After a few months I left the institution and did not hear again of the nurse until November last, when I met her unexpectedly. She looked well, but she told me a different story.

Since her patient's death, twelve months before, she had been much run down, coughing and expectorating, and was obliged to take the open-air treatment herself.

How foolish was this girl to injure her health, and for nothing, for her patient derived no benefit from her devotion.

Ignore the first temptation, and thus avoid the difficulty of breaking a bad habit later.

GOITRES

By ELSBERT HOSIG

St. Mary's Hospital, Rochester, Minnesota; Graduate Farrand Training-School, Detroit, Michigan

THE etiology of goitre is not yet understood. In certain districts, such as Switzerland, the Tyrol, and Savoy, it may be endemic, while in other places it may assume an epidemic form.

It occurs oftener in females, and as a rule begins at the age of puberty, though it may also occur during gestation. It may be congenital, but is usually acquired. Some authorities claim that the agent causing goitre is found in water.

The thyroid gland somewhat resembles a horse-shoe, the two lobes, one on each side of the trachea, being connected across its upper ring by the isthmus. They are about two inches long, and smaller at the upper portion. The weight is from one to one and one-half ounces. A thin, fibrous capsule invests this entire gland, a portion of which passes separately behind the trachea and esophagus to connect with the opposite side. To this structure is due many of the symptoms of pressure which occur in tumors enclosed in this dense capsule, the growth within which interferes with swallowing, breathing, or speaking.

The blood supply of the thyroid is remarkably extensive for an organ of its size. The vessel anastomosis is very free. The external carotids supply the upper poles through the superior thyroid arteries, while the inferior thyroids from the thyroid axis on each side supply more directly the larger part of the gland. The main veins are the superior, middle, and inferior, although others seem to develop in diseased organs. The nerve supply is from the sympathetic. In intimate relation with the right inferior artery is the recurrent laryngeal nerve, which lies in the space between the trachea and esophagus, and is often so affected by pressure of tumors, operation, or scar tissue as to cause hoarseness. On the left side the recurrent is usually more deeply set, and not in such close relation with the artery.

Associated in function but less understood are the parathyroids, four small glands, two on either side of the neck, behind or within the investing gland capsule. These glands are seldom seen in surgical work upon the thyroid or adjacent structure, unless they are themselves enlarged by disease. In review of foreign literature, it is stated that

tetany cannot be produced by complete removal of the thyroid gland so long as the parathyroids are left.

The function of the thyroid gland is not fully understood. The loss or lack of function of the thyroid gland in the very young prevents mental and physical development; its loss in the young adult causes mental deterioration; while in adults the frequency with which myxœdema follows the complete removal of the gland accounts for the wholesome respect which surgeons hold for this organ.

Cretinism may be defined as the arrest of mental and physical growth that develops early in life when function of the gland is lost or impaired. Cretinism usually begins at the age of from two to five years. It is closely connected with goitres, as is shown in goitrous districts.

The hyperplasia of goitre may be nodular, uniform, partial, or diffuse. The size may vary from a moderate swelling to huge, pedunculated masses. The goitres usually found in young people from eighteen to twenty-five are the so-called simple goitre, a parenchymatous enlargement, with excess of colloid, which usually recovers with or without treatment. Irregular enlargements may be adenomata, cysts, or an unevenly developed colloid goitre. The consequences of goitre depend upon the form, its seat and direction of growth, the most frequent danger being tracheal compression.

The symptoms of simple goitre may be moderate tachycardia, dyspnœa, and occasional vertigo. Treatment is usually medical, excepting in extreme cases, when an operation is necessary.

In the exophthalmic goitre there is a condition of hypertrophy of the thyroid gland, with very little of a colloid condition. Instead of one row of cells lining the acini, we have two, three, and four. Not having room, it unfolds like the cortex of the brain, so as to get still more cells, so there is an excess of cell life or activity, it being about four times more active than in a normal condition. This toxic product of the gland acts principally on the circulatory and nervous system.

The chemical composition of this gland when diseased has not been actually determined, but it is generally understood that it is not only increased in quantity, but also in quality. Exophthalmic goitre presents other symptoms than those produced by overdoses of thyro-iodine, medicinal doses of which as a rule aggravate certain features of exophthalmic goitre.

The symptoms of exophthalmic goitre are exophthalmos, which is due to a local vasomotor change of blood vessels; tachycardia, muscular spasms, mental excitement, sleeplessness, excessive sweating, anomalous pigmentation of the skin, and paralysis.

Treatment is perfect test if pulse is rapid. Diet should consist of easily digested food, and as much fluid as possible should be taken. Ext. Bella. gr. ⅙ may be given three or four times a day. Ice-bag over thyroid gland or over pericardium for several hours daily will be beneficial. Iodines should be used cautiously, and Dr. Kocher recommends them to be used in the form of an ointment. For the introduction of the operative treatment, we are indebted to Dr. Kocher, of Berne, who has performed the largest number of operations for goitre; and for the perfection of the operative treatment we are indebted to Dr. C. H. Mayo, of Rochester, Minnesota, who has performed the largest number of operations for exophthalmic goitres. Dr. Mayo's preparation for operation is the use of the X-ray for from one to three weeks. This making the gland more fibrous, and slowing the heart's action, an effort should be made to reduce the pulse to 120 if possible before operation.

Just before going to operating-room, the patient is given a hypodermic of Morph. Sulp. gr. ⅙, Atrop. Sulp. gr. $^1/_{120}$. The anæsthetic is ether, which has been used very successfully. In the operation the right lobe, the isthmus, and part—about one-half—of the left lobe are removed. The one-half of the left lobe is sufficient to supply the system with the secretion.

The causes of death are anæsthetic shock, hemorrhage, air embolism, pneumonia, suffocation, acute thyroidism, and infection. On returning from operating-room, the patient is given saline solution one quart, per rectum, by drop method, it taking about one hour to give this amount. This may be given about every eight hours. This solution, being taken up by the lymphatics, will lessen the toxic effect on the system. Morp. gr. ⅙ and Atrop. gr. $^1/_{120}$, may be given every six or eight hours to keep the patient as quiet as possible.

The pulse may be very rapid, and fluctuate from 120 to 180 or more for the first forty-eight hours. Ice-cap over pericardium may be used when pulse is very rapid. After first forty-eight hours, patient improves rapidly. Tachycardia and nervousness are then well under control, pulse gradually coming to normal.

The exophthalmos is less after the first few days, it taking about one year for the eyes to become normal.

The diet should be fluid or very soft for the first few days, it being a little difficult for patient to swallow, on account of the throat being sore.

Dr. J. Rogers, of New York, has presented a method which augurs well for the treatment of exophthalmic goitre. He has been led to his investigation of the disease through the sufferings of his wife. When

her condition became so severe that it seemed as if she was about to die, he became desperate enough to try some serum experiments for himself. Dr. Rogers made some emulsions of recently excised goitrous thyroid glands, and injected them into a rabbit. From the animal he obtained a serum, one injection of which practically annihilated all the symptoms of goitre in his wife.

The condition of the patient whom he so treated was so alarming when these injections were made that he as yet has hesitated about putting this serum in the hands of the profession, and he refuses to use it except in extreme cases, where even a surgeon prefers not to undertake surgical intervention.

PRENATAL INFLUENCES

By MENIA S. TYE

Graduate of Toronto General Hospital, Toronto, Canada; member of the State Board of Nurse Registration of Indiana

"Prenatal Influence" is a subject in which I have always been interested, and about which I have found very little written. I present it to you as I find it treated in our latest medical authorities.

Destined as woman has been from the foundation of the world to pass through this period of reproduction and parturition in order to propagate the race, child-birth should be regarded as an absolutely normal process.

It is a function for which woman has been especially designed. Her pelvic conformation, the provision allotted for the maintenance of her offspring after birth, her characteristic maternal instincts, all indicate the noble purpose for which she was created.

It has been found that in the human being gestation covers a period of 280 days, ten lunar months, or nine calendar months. Proper attention to hygienic rules should be observed by every pregnant woman.

1st. The diet should be nutritious, plain, and easily digestible.

2d. The clothing should be loose, with corsets and garters discarded.

3d. Gentle daily outdoor exercise, especially during the first six months, while the physical part of the child is rapidly developing; later on, when the mental faculties are rapidly developing, include mental recreation.

4th. Bathe daily in water neither too hot nor too cold, the bowels to move at least once daily.

Now, these precautions, as we see, are only following out ordinary

rules of hygiene. In other words, use common sense. If you want a healthy child, be a healthy mother; but Doryland says, in addition to these, avoid unpleasant and painful scenes or impressions, that the possibility of the production of some of the so-called maternal impressions may be prevented.

Maternal impressions or peculiarities in the mental or physical formation of the offspring, depending upon some mental shock or impression made upon the mother during pregnancy, are interesting phenomena that are not infrequently met with.

They are probably most common in the children of women whose nervous organisms are highly developed, but the exact nature of their production has not as yet been clearly demonstrated.

The phenomena as noted in the fœtus are generally referred by the family to some unpleasant occurrence, such as an encounter by the pregnant woman with some gruesome person or object, the hearing of some startling news, or the seeing of some tragedy, but how far the fetal condition is due to the maternal impression received at the stated time is a mooted question.

It is undoubtedly true that curious coincidents of the kind have been noted by men whose standing is such as to add much weight to their statements. Clinically, the effects of such *so-called* impressions upon the fœtus may be manifested in two distinct ways. In the one case there results a lack of the physical development and in the other a lack of the mental, although these two are frequently combined in one individual.

During the siege of Paris it is well authenticated that many pregnant women, terrified by harrowing scenes and experiences of that time, ultimately gave birth to feeble-minded children.

At best, the subject, though intensely interesting, is still largely within the realm of speculation, and nothing beyond the facts as just presented can be stated with any degree of authority.

The literature of this subject is deplorably poor, and it would be well were every case of supposed maternal impression accurately reported, the statement to include not only the exact anatomic and physiologic facts, but also whatever family history of heredity, maternal or paternal, might exist.

Gould and Pyle, in their "Anomalies and Curiosities of Medicine," say: "A curious fact associated with pregnancy is the *apparent influence* of the emotions of the mother on the child in the uterus."

There is a natural desire to explain any abnormity or anomaly of the child as due to some incident during the period of the mother's pregnancy, and the truth is often distorted and the imagination heavily

drawn upon to furnish the satisfactory explanation. In some countries the exhibition of monstrosities is forbidden, because of the supposed danger of maternal impressions. For this reason the celebrated "Siamese Twins" were forbidden to exhibit themselves for quite a period in France.

We will cite only a few of the most interesting cases from medical literature:

(*a*) Hippocrates saved the honor of a princess accused of adultery with a negro, because she bore a black child, by citing it as a case of maternal impressions, the husband of the princess having placed in her room a painting of a negro, to the view of which she was subjected during the whole of her pregnancy.

(*b*) Helidorus says that Persina, Queen of Ethiopia, being impregnated by Hydustes, also an Ethiopian, bore a daughter with a white skin, and the anomaly was ascribed to the admiration that a picture of Andromeda excited in Persina during the whole of her pregnancy.

(*c*) Kerr reports a case of a woman in her seventh month whose four-year-old daughter fell on a cooking stove, shocking the mother, who suspected fatal burns. The woman was delivered two months later of an infant blistered about the mouth and extremities in a similar manner as her sister. The infant died on the third day, and another child was born fourteen months later with the same blisters. In a subsequent confinement a healthy, unmarked infant was born.

(*d*) A case somewhat similar was reported to me by one of our local physicians. Mrs. A. was delivered of a child afflicted with spina bifida. Fortunately the child died. In her next confinement the woman bore a child similarly afflicted. This child also died. Mrs. B., Mrs. A.'s friend, who knew nothing of Mrs. A.'s trouble, gave birth to a child having the same deformity. Mrs. A. heard of this, and, being pregnant again, her suspense is better imagined than described. To everybody's satisfaction, and especially to her own, Mrs. A. at full term was delivered of a fine, healthy child, and both did well.

Strange as are the foregoing cases, those of paternal impressions eclipse them.

Several are on record, but none is of sufficient authenticity to warrant much discussion on the subject.

Hoare recites a curious story of a man who vowed if his next child was a girl he would never speak to her. The child proved to be a boy, and during the whole of his father's life nothing could induce the son to speak to his father, nor, in fact, to any other male person; though after his father's death he showed no distinction, and talked fluently to either sex.

The next example is that of telegony, the *alleged influence* of a woman's previous husband on her children produced by a subsequent one.

As a means of making the definition of telegony plainer by practical example, Brunton Blakie prefaced his remarks by citing the classic example which first drew the attention of the modern scientific world to this phenomenon.

In the year 1815 Lord Marton bred a male quagga to a young chestnut mare of seven-eighths Arabian blood, which had never before been bred from. The result was a female hybrid which resembled both parents. He sold the mare to Sir Gore Onsley, who two years after she bore the hybrid bred her to a black Arabian horse.

During the two following years she had two foals which Lord Marton described as follows:

"They have the character of the Arabian breed as decidedly as can be expected when fifteen-sixteenths of the blood is Arabian, but both in their color and in the hair of their manes they bear a striking resemblance to the quagga."

The President of the Royal Society saw the foals, and verified Lord Marton's statement.

Sir Henry Scott says dog-breeders know this theory of telegony well. Breeders of Bedlington terriers wish to breed dogs with as powerful jaws as possible, and in order to accomplish this, they breed the Bedlington terrier bitch first to a bull-terrier dog and get a mongrel litter, which they destroy. They then breed the bitch to a Bedlington dog, and get a litter of puppies which are practically pure, but have much stronger jaws than they would otherwise have had, and also show much of the gameness of the bull terrier—thus proving that physiological as well as anatomical characters may be transmitted in this way.

After citing the foregoing examples, Blakie directs his attention to man, and makes the following interesting remarks: "We might expect from the foregoing account of telegony among animals that whenever a black woman had a child to a white man, and then married a black man, her subsequent children would not be entirely black."

Dr. Robert Balfour, of Surinam, in 1851, wrote to Harvey that he was continually noticing among the colored population of Surinam that if a negress had a child by a white and afterwards fruitful intercourse with a negro the later offspring had generally a lighter color than the parents.

Taruffi, the celebrated Italian, in speaking of the subject says: "Our knowledge of this strange fact is by no means recent, for in 1608 Fienus said that 'most of the children born in adultery have a greater resemblance to the legal than to the real father.'"

Harvey said: "It has long been known that the children by a second husband resemble the first husband in features, mind, and disposition. It would seem as though the Israelites had some knowledge of telegony, for in Deuteronomy we find when a man died leaving no issue, his wife was commanded to marry her husband's brother, in order that he might "raise up seed to his brother."

"ANTE-NATAL PATHOLOGY"

We have next to deal with the diseases and accidents that affect the pregnant uterus.

The first disease to attract attention was smallpox. Devilliers, Blot, and Depaul all speak of congenital smallpox, in which the child was born dead and showing evidences of typical smallpox pustulation, with a history of the mother having been infected during pregnancy.

Maurice, on the other hand, reports of having delivered a mother of a healthy child at full term, with a history of having recovered from a severe attack of smallpox in her fifth month.

In 1878 Hubbard attended a woman whose child showed the rash of chickenpox twenty-four hours after birth and passed through the regular course of ten days' duration. The mother had no signs of the disease, but the children all about her were infected.

Nutter has observed the case of transmission of pneumonia from the mother to the fœtus, and has seen two cases in which the blood from the uterine vessels of the patient contained pneumococcus.

THE RESULTS TO THE FŒTUS OF INJURIES TO THE PREGNANT MOTHER

In some instances the marvellous escape from any serious consequences of one or both is almost incredible, while in others the slightest injury is fatal.

Guillemont cites a case of a woman who was killed by a stroke of lightning, but whose fœtus was saved.

Gibbs speaks of a woman about eight months pregnant who fell across a chair, lacerating her genitals and causing an escape of liquor amnii. There was regeneration of this fluid, and delivery beyond term. The labor was tedious. The mother and child did well.

There are some marvellous cases of recovery and non-interference with pregnancy after injuries.

Corey speaks of a woman of thirty-five, weighing 135 pounds, who was horned by a cow through the abdomen. She was lifted into the air, carried, and tossed on the ground by the infuriated animal. There was a

wound consisting of a ragged rent from the os pubis extending upward and to the left, through which protruded the omentum, the transverse and descending colon, and most of the small intestines. These organs remained outside the body three and a half hours, during which time the patient remained calm and conscious. Finally chloroform was given, and in twenty minutes the intestines were all replaced in the abdomen and the wound sewed up. The woman was placed in bed on her right side. The wound healed and she was up and out in twenty days. Incredible to relate, she was delivered in just 202 days of a well-developed, full term child. Both did well.

There seems in some cases to be no limit to what the pregnant uterus can successfully endure.

Tiffany quotes the account of a woman of twenty-seven, eight months pregnant, who was almost buried under a clay wall. She received terrible wounds about the head, thirty-two sutures being used. Subsequently she was confined, and easily bore a perfectly normal female child. Both did well.

However, all the cases do not have as happy an issue as the foregoing.

Gurlt speaks of a woman seven months pregnant who fell from a step ladder, subsequently losing some blood and some water from the vagina. She also had persistent abdominal pains. At her confinement, which was normal, a strong boy was born, wanting one arm below the middle, at which point the bone protruded. The wound healed, and the separated arm came away after birth.

Another case is related of a peasant woman of thirty-five, the mother of four children, and pregnant with the fifth, who was struck in the abdomen. She was thrown down and felt a tearing pain, which caused her to faint. It was found that the uterus was ruptured and the child killed.

And much simpler things than these, such as horseback riding, hurrying to catch a train, running up and down stairs, a railroad trip, or driving over rough roads—any one of these at certain stages is sufficient to produce either abortion or miscarriage, as the case may be.

In closing this subject I 'll quote from the New Testament:

[redacted]

"Who did sin, this man or his parents, that he was born blind? Neither hath this man sinned nor his parents, but that the works of God should be made manifest in him."

THE BOSTON FLOATING HOSPITAL, SEASON OF 1906

By JOSEPHINE HALBERSTADT

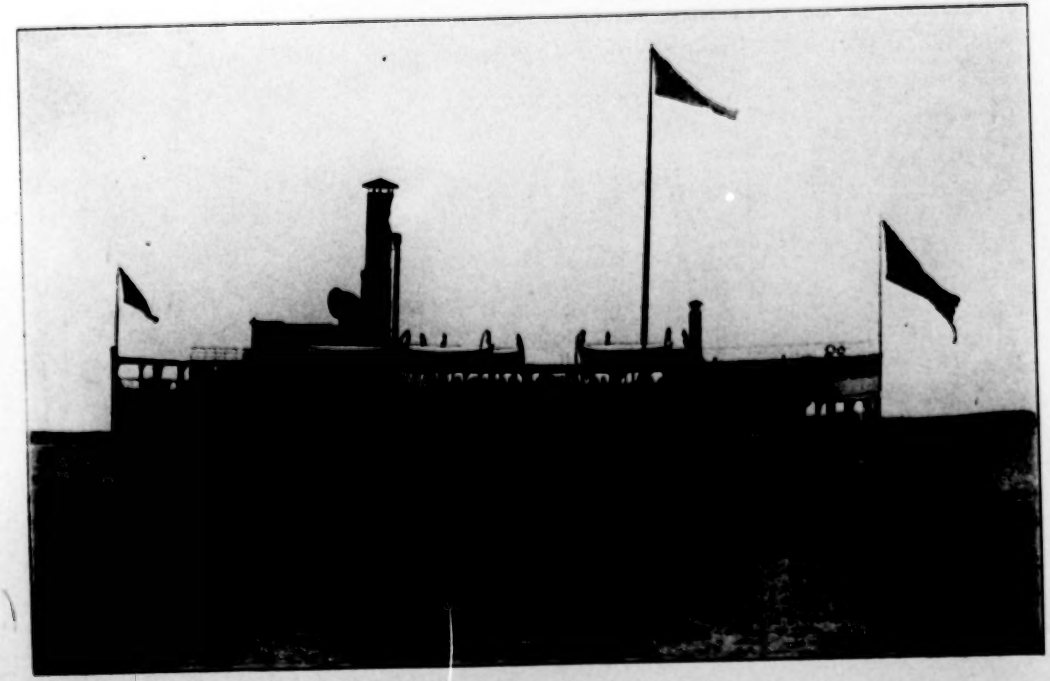
THE nursing profession is doubtless familiar with the Boston Floating Hospital, but it may be interesting to give a brief outline of the work as done in this institution.

The Boston Floating Hospital is conducted like any other good hospital. It has a board of trustees, a visiting staff, an auxiliary staff, a resident physician, a house staff, several medical assistants, and between forty and fifty graduate nurses. It cares for and treats children under six years of age. There are six permanent wards, each containing sixteen beds, and a spacious deck, where the out-patient work is conducted. On this deck one hundred and fifty patients may be accommodated. In this out-patient ward the patients are brought by their mothers or caretakers, and stay for the day, going to their homes at night. The work in this department does, perhaps, not seem as satisfactory as in the permanent wards; but the mothers receive instructions regarding the food and treatment the babies are to have at night, and usually these instructions are followed quite faithfully.

The hospital boat makes daily trips down the harbor during the months of July, August, and September, thus covering those summer months which are so baneful to children, especially those under five years of age, and so dreaded by mothers forced by necessity to live in the tenement districts of the hot cities. Very likely it is impossible for us to fully realize what the Floating Hospital means to this class of people—for the majority of our patients come to us from these crowded tenement districts. 'Tis sadly true that many of these cases come too late for recovery. Frequently, however, one of these desperate cases recovers, and it is then that the work seems doubly worth while.

The complaints treated are mostly under the list of intestinal diseases, and although there are many others treated—surgical, tubercular, marasmic, etc.—the chief object of the Boston Floating Hospital is to treat the diseases so prevalent during the summer months.

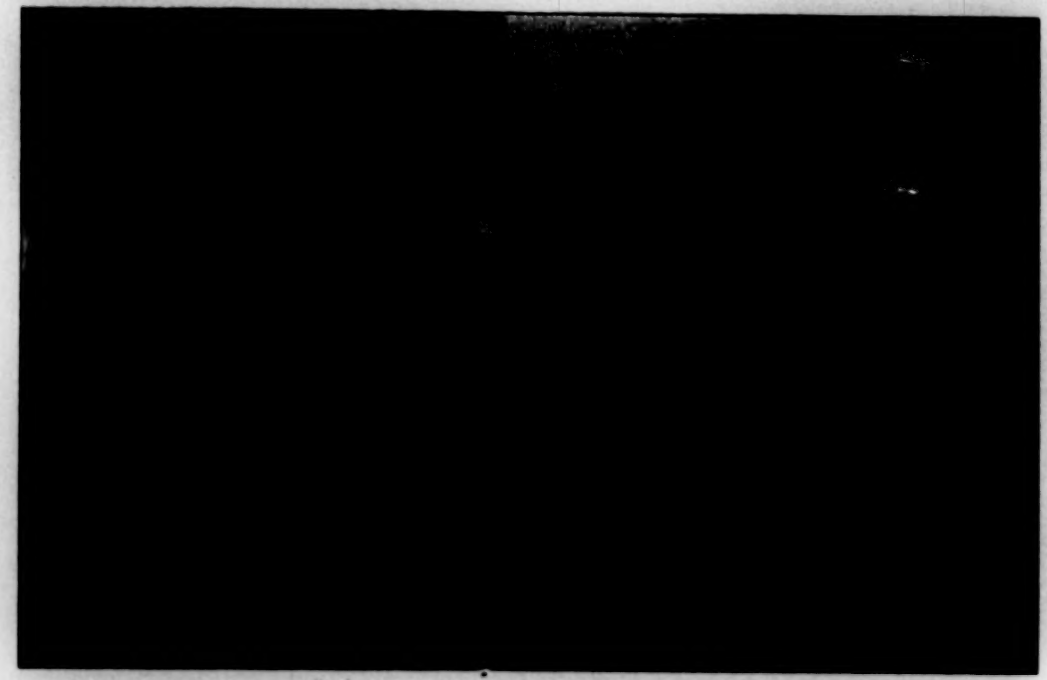
The season of 1906 was to be an eventful one in the history of the Boston Floating Hospital. The new boat was to be in commission, and although there was some delay on account of a steel strike during the winter, it was hoped that it would be possible to start the season on the new boat, for which we had waited so long and patiently. But the date of its completion could not be definitely determined, and little patients



The New Boat

On Deck.

The Ward.



Food Laboratory.

waiting to be admitted made it necessary to start the season on the old hospital boat (barge *Clifford*), so the first trip was made July 11. From the beginning the season promised to be a busy one, and although there was some disappointment when it was learned that the new boat could not be ready for some days, both the house staff and the nurses proved their willingness to help in every possible way, and showed the usual interest in their work—which at first seems hard, on account of its newness. The work is very different in comparison with usual hospital work, for the patients are very sick babies, most of them under two years of age. Needless to say that the work is very interesting, and, while tedious until one becomes accustomed to it, it is very fascinating and pleasant almost from the beginning. The spirit of congeniality is one of the Boston Floating Hospital features. Nurses from almost every state meet as absolute strangers, and are here offered an opportunity to give full scope to that broadness which nurses as a rule acquire, and in a very short time, working unitedly in this labor of love, a general feeling of good-fellowship is established.

This hospital offers a post-graduate course to nurses, lasting approximately ten weeks, and including eleven lectures by the visiting staff, instructions in the wards and food laboratory, an examination at the close of the season, and a diploma, the necessary requirements for the same being proficient ward work and a satisfactory mark on the written examination.

For the season of 1906 the nurses were organized as follows: Miss L. A. Wilber, superintendent (address 362 Commonwealth Avenue, Boston); Miss C. A. Brown, night matron; four Boston Floating Hospital graduates who acted as head nurses, and thirty-eight nurses taking the course.

The following received diplomas: Lucie E. Bartram, Elizabeth General Hospital, Elizabeth, New Jersey, 1906; Marion A. Burns, Lutheran Hospital, St. Louis, 1903; Dora B. Batson, Parker Memorial of State University, Missouri, 1905; Jane Callaghan, St. Luke's, Duluth, Minnesota, 1903; Minnie L. Campbell, Springfield Hospital, Massachusetts, 1902; V. Florence Dunbar, New Hampshire Memorial Hospital, Concord, New Hampshire, 1906; Daisy D. Davis, Danville Hospital, Danville, Illinois, 1900; Sarah A. Egan, Brooklyn Homœopathic, 1899; Lena E. Fisher, Westboro Hospital, 1906; Ida Farmer, Mary Fletcher Hospital, Burlington, Vermont, 1903; Frances M. Hostetter, St. Joseph's Hospital, Lancaster, Pennsylvania, 1905; Mary Louise Haynes, Mary Fletcher Hospital, Burlington, Vermont, 1902; (Mrs.) Mary A. Haines, City Hospital, Harrisburg, Pennsylvania, 1904; Lydia B. James, Far-

rand T. S. Harper Hospital, Detroit, Michigan, 1905; Elise A. Jecko, Garfield Memorial, Washington, District of Columbia, 1905; Caroline E. Kineriem, St. Barnabas Hospital, Minneapolis, 1902; Annie F. Lockhart, Chipman Memorial Hospital, Canada, 1904; M. Gertrude Murdock, Fall River Hospital, Massachusetts, 1899; Anna F. McDerby, New Hampshire Memorial Hospital, Concord, New Hampshire, 1906; Sally A. Pew, Bishop T. S. House of Mercy, Pittsfield, Massachusetts, 1905; Elizabeth Paul, St. Joseph's Hospital, Lancaster, Pennsylvania, 1905; (Mrs.) Emma Richardson, Lynn Hospital, Massachusetts, 1903; Grace Snively, Farrand T. S. Harper Hospital, Detroit, Michigan, 1905; Marion B. Story, Bishop T. S. House of Mercy, Pittsfield, Massachusetts, 1898; Minnie E. Surbray, City Hospital, Akron, Ohio, 1905; Mary Tasman, Lynn Hospital, Lynn, Massachusetts, 1903; Sara Cameron Watts, City Hospital, Cortland, New York, 1905; Gertrude Holmes, Newton Hospital, Massachusetts, 1905; Cecelia Lemner, Carney Hospital, Massachusetts, 1906; Florence B. Hinckley, Adams Nervine, Jamaica Plain, Massachusetts, 1906; Beatrice H. Mack, W. C. C. Hospital, Boston, Massachusetts, 1906; Marie R. Henchman, City Hospital, Albany, New York, 1904; Alice C. McArdle, Grant Hospital, Columbus, Ohio, 1903; Anna M. Streamer, State Hospital, Buffalo, New York, 1895; Mary E. Cummings, State Hospital, Concord, New Hampshire, 1906; Margaret N. Reilly, St. Vincent's Hospital, New York, 1906; Maud W. Miller, Homœopathic Hospital, Pittsburg, Pennsylvania.

This season was an unusual one in many ways. The weather was very favorable, there being but two days during the season when the usual trip down the harbor was prevented on account of heavy fogs.

August 14 was to be "moving day," for the new boat was now ready for occupancy. The *Clifford,* which had served as a hospital for twelve years, was to be deserted, and although we were indeed grateful for the beautiful new boat, we could not help feeling somewhat sad to leave the old one, with which we associated so many hours, both arduous and pleasant. The packing was done during the day, and the babies were given numbers designating the ward and bed to which they would be transferred. Everything was put in readiness, so that when Doctor Hastings's order came "to move" there would be as little confusion as possible.

The *Clifford* made its last trip down the harbor on this day, returning rather earlier than usual. At 3 P.M., when nearing East Boston, we saw the new Boston Floating Hospital leaving the Atlantic Works, and being towed over to North End Pier, Boston, which was to be its new abiding place. No doubt we all gave a silent cheer, for she presented

a beautiful spectacle indeed, in her snowy white robe and decoration of flags. The *Clifford* was towed alongside, and when Dr. Hastings said "go ahead," in less than one hour every patient was in its new home, and also many new ones, who had been waiting to be admitted, for there were not beds nor room enough on the *Clifford* to supply the demand, especially during August, when the weather was very oppressive. In a few days all the available beds found occupants, and even then, with all these extra beds for permanent patients, there were not enough to meet the demand, and it became necessary to form a permanent ward on the out-patient deck. This ward contained thirty patients, making a total of one hundred and thirty permanent patients, and many days one hundred day-patients in the out-patient department, so the new boat was immediately taxed to its utmost capacity, surely proving its urgent need.

On August 15 the new Boston Floating Hospital made its initial trip. It was indeed a gala day. Every boat saluted us, many going out of their way to pass us, and we were justly proud of our beautiful new vessel, the first and only one ever designed and built for a hospital boat.

The season closed September 15th, when patients in fair condition were sent to their respective homes, and cases where this was not considered advisable were transferred to hospitals. September 17, 18, and 19, the new boat was thrown open for public inspection. Visitors were welcomed by Manager Briggs and some of the physicians and nurses, they in turn conducting parties through the various wards, operating-room, treatment room, pharmacy, laboratories, dining-rooms, kitchen, and store rooms. Questions were willingly answered, interesting features pointed out, and explanations given concerning the work of the floating hospital. There were over 1300 visitors in these few days, the same including many prominent people of Boston and its vicinity. All seemed very much pleased, some proving their interest in a substantial way, and the universal opinion expressed was to the effect that this is a noble work which is carried on so faithfully on this White Ship of Mercy.

Exercise both muscles and mind, then note results.

We should be trying to find out not in what we differ from other people, but in what we agree with them.—*Ruskin.*

OPERATING-ROOM PROCEDURES

COMPILED BY KATHARINE DEWITT

PREPARATION OF SUPPLIES, ETC.

A PAMPHLET written by Dr. A. J. Ochsner, of Chicago, on Requirements for Aseptic Surgical Operating, gives some suggestions which nurses not directly in touch with modern surgical methods may be glad to see in a modified form as an introduction to the question of supplies.

When training-schools were first established, the operating-room was a field for practice, through which the doctors and nurses moved with the same regularity with which they went through the wards. The interne and head nurse might each be on duty there for three or four months, when they were changed, as in other parts of the hospital. The results under this system were not as good as those obtained where the operating-room force is more permanent in character. In most of the hospitals to-day, the surgeon's chief assistant occupies his position for a much longer period of time. The chief surgical nurse is almost always a graduate, and her position is permanent. The pupil nurses work under her and assist her, but she alone touches anything which comes in direct contact with the wound. Rubber gloves and dressing-forceps are used very largely, and as these can be made more thoroughly clean than the hands of a human being, the dangers from infection are by so much lessened. Dressings, towels, sponges, sheets, etc., are sterilized in cases which are not opened until the contents are needed. Those who stand directly over a patient during an operation are careful not to breathe or speak into the wound. Wherever it is possible, the work is so systematized that clean cases come first, and suppurative ones afterward, whether for operation or dressing. A surgeon now rarely spends a morning in dressing miscellaneous wounds, turning to operations in the afternoon. In all contact with pus, the rule to be observed is not to let it touch the hands. It is better to avoid contact with it than to do ever so much scrubbing afterward. Dressing-forceps and rubber gloves are a great help here.

A number of representative hospitals have been asked to give the JOURNAL the methods used by them for the preparation of surgical supplies. Some have not responded, but many have been most generous, giving even more than was asked, so that we have full lists to present. Where methods are identical or similar we shall not give all in detail.

Let us begin with the preparation of the patient.

Disinfection of the Patient.—1. Augustana Hospital, Chicago. He receives a full warm soap and water tub-bath on the day before the operation. For the disinfection of his alimentary canal he receives two ounces of castor oil in the foam of beer directly before taking his bath, and a large warm-water enema on the morning of the operation, except in case of operations upon the rectum. In these cases the enema is given on the evening before the operation.

On the evening before the operation the skin over the seat of operation is thoroughly scrubbed with green soap and warm water, then shaved, then scrubbed with strong alcohol, then a moist dressing of gauze saturated with a 3 per cent. carbolic acid solution is placed over the field of operation; over this a large covering of absorbent cotton held in place with a gauze bandage completes the dressing. Just before the operation this dressing is removed and the surface again scrubbed with strong alcohol.

2. Montreal General Hospital. The night before the operation, the patient is shaved, a green soap poultice is applied for twenty minutes, and is then washed off. Formaline towels are applied every four hours. In the surgical operating-room, the patient is again scrubbed with green soap and water, sterile water poured over, and washed off with ether and sublimated alcohol, 1–2000.

3. Syms Operating-Room, Roosevelt Hospital. The bichloride dressing is removed by a nurse. The area is first washed with green soap (made by taking one tablespoonful green soap jelly to one quart water and boiling it), using a small sterile towel to scrub with. The soap is rinsed off with sterile salt solution, then a gauze sponge, wet with 1–1000 bichloride with alcohol, is used to wipe over the area of operation, and, lastly, 1–1000 bichloride is poured over.

Preparation of the Operator and Assistants.—1. Montreal General. I. Remove all rings. II. Thoroughly wash the hands and arms (including elbows) with warm water and sterile nail-brush and soap for five minutes, paying particular attention to cleaning finger-nails. III. Pass hands and arms through mercuric bichloride solution, 1–2000. IV. Sponge hands and arms thoroughly with alcoholic bichloride, 1–2000. V. Avoid touching any object which is not absolutely sterile.

2. Augustana, Chicago. At the present time we wash our hands in an ordinary deep porcelain basinful of warm water, using green soap, with a moderately stiff brush; then we carefully cleanse the finger-nails with the point of a dull scalpel; then we scrub them once more with a brush, and then with a piece of sterilized gauze in the deep basin,

because the gauze seems to rub off all the loose epithelium more perfectly than a brush; then we wash off the soap under the faucet in a stream of warm, boiled water; then we wash in 1–2000 corrosive sublimate solution for a few moments, and then with strong commercial alcohol.

3. Royal Victoria Hospital. Scrub thoroughly with stiff brush, green soap, and warm running water for five minutes. Immerse in potassium permanganate till of a deep mahogany color. Decolorize in sulphurous acid, 25 per cent. Soak in perchloride, 1–1000, from three to five minutes, sufficiently to remove all acid.

4. Syms Operating-Room. Scrub for five minutes with green soap and hot running water. Rinse off in hot running water. Make a paste of lime and soda, rub over hands and arms. Rinse in sterile water. Immerse in 1–1000 bichloride two minutes.

Preparation of Instruments.—1. Syms Operating-Room. Boil in 1 per cent. soda carbonate solution for twenty minutes. Knives are soaked for fifteen minutes in 1–25 carbolic solution, or three minutes in 95 per cent. alcohol.

2. Lying-in Hospital, Chicago. After scrubbing, the instruments are rinsed in a hot 1 per cent. lysol solution, and dried. Stains are removed with sapolio on a moist cloth.

3. Royal Victoria. Wash thoroughly with cold water. Boil for five minutes in a 1 per cent. solution of sodium carbonate. Then scrub with a stiff brush, ammonia, and sapolio. Take all instruments apart and be careful not to wrench them in putting together again. Scrub all forceps transversely and dry from hot water to prevent rusting.

4. Augustana. All instruments, except knives, are boiled for a half-hour in a solution of a tablespoon of baking soda to a quart of water before they are put away for operating, and again before they are used. The knives are washed carefully with water and then rubbed with pads of sterilized cotton, saturated with alcohol, before and after using.

5. Presbyterian, Chicago. Scissors are boiled but five minutes in the soda solution. Scalpels are left in 95 per cent. carbolic, sixty seconds.

Preparation of Silks.—1. Augustana. Boil in water one hour, and preserve in 5 per cent. carbolic in water or in strong commercial alcohol until used.

2. Cook County Hospital, Chicago. Silk and linen thread are sterilized with the gauze. Wind on glass slides, wrap in oiled paper, place in an envelope, and put in the steriliser.

3. Johns Hopkins Hospital. Silk to be cut in lengths 40 cm.

Six strands to be wound on glass reels, placed in tube, and sterilized for half an hour, once only, one reel in each tube.

4. Lakeside Hospital, Cleveland. Silk is bought from local supply-house, is wound on glass reels, and put in glass tubes, with a layer of non-absorbent cotton between each reel and the non-absorbent cotton stopper. Sterilize in the autoclave half an hour. Linen thread is being used as much as the silk, and it is put up and sterilized in the same way.

5. Lying-in Hospital. Wash in hot water with tinct. green soap. Boil in 1 per cent. lysol solution thirty minutes. Rinse thoroughly in sterile water just before use.

6. Syms Operating-Room. Wind on small glass reels, place in tubes cotton plugged, sterilize one-half hour at twelve pounds pressure on two days.

To be continued.

NOTES ON THE TREATMENT OF PULMONARY TUBERCULOSIS *

By GEORGE W. GOLER

Health Officer; Attending Physician, Municipal Hospital for Tuberculosis, Rochester, New York

THE present aim in the treatment of pulmonary tuberculosis is to raise the defensive powers of the body, until we obtain a serum that shall have sufficient antitoxic and bactericidal powers to artificially increase those defenses. How shall we raise the natural defenses in the body? We cannot do it by iron or digitalis, nor by the use of oils and malts or hypophosphites. Of what particular value are these or any other medicinal measures in the treatment of pulmonary tuberculosis? Do they increase the body defenses? Have they any effect upon the dense envelope of the biologically active tubercle bacillus or upon its products? Can it be said that in any way they raise the natural defenses of the body as we now understand them? The most ghost-like faces of patients affected by pulmonary tuberculosis look out from dusty occupations in grimy work-shops; from the rooms of high-priced tenements they cry out for relief. Do these people take drugs when they need air, malt and oils when they can hardly afford to buy butter? Are they directed to exercise when they should have rest? What is there

* Reprinted from the *Journal of Outdoor Life.*

that can so increase the natural antitoxins in the body as air and sunlight, food and rest and freedom from dust? Are not these of more value than all else in the treatment of pulmonary tuberculosis? Must they not be our main reliance until we get an antitoxin serum of high defensive power? And when we get a serum, must not even the serum be secondary to these? If we had to-day a serum whose antitoxic or bactericidal powers, or both, would increase the defenses of the body against tubercular disease, would we be much better off so long as our people live under such conditions as those which help to make tuberculosis?

And if we were really to influence this disease markedly by the use of an antitoxin, would we not raise a barrier against one disease only to allow some other disease to come in as the penalty which many must pay for too much civilization? These are some questions which we must ask ourselves, and to which as a people and as a profession we must soon give an answer.

But the resisting power of the individual—how to increase that? Must we wait until tubercular disease has made its attack before we increase that individual resisting power? Do we as a profession recommend that our child patients have their tonsils and especially their adenoids removed, so that these possible portals of infection may be closed? Do we ask that our little patients go to the dentist, not that their teeth be filled or extracted, but that they be regularly and systematically cleaned, and thus saved? Do we explain to mothers and fathers the effect of mouth breathing on the teeth, and do we tell our patients who employ us and trust us all the late remote effects of mouth breathing upon the teeth, and the effects of the decay of the teeth upon the decay of the whole organism? Later, when post-nasal obstructions have given rise to fixed changes in the upper air passages and in the teeth, and these have so combined as to produce nutritional changes in the whole body, then, even then, is our attention directed to that care of the upper air passages, of the mouth, and of the teeth, that the organism with its lessened resisting power demands? A well patient must breathe and chew to live. How much more necessary is it that a sick patient should properly aerate his tissues and should properly masticate his food in a clean mouth and with clean teeth. In the past eighteen months I have examined about one hundred and fifty patients with more or less evident tuberculosis, and in about two per cent. of the cases have the teeth been moderately clean. Most of these patients had mouths that were foul beyond description. Nearly all of them had been under treatment for pulmonary tuberculosis from several months to one or two

years. One patient who had been in a well-known sanatorium for several months had a collection of salivary salts bacteria and other stuff on his teeth, in places a quarter of an inch thick. Few of these patients have ever regularly used a tooth-brush.

Nasal obstruction, hypertrophied tonsils, and untreated chronic nasopharyngeal disease were found in a majority of the patients examined. Now, all of these patients had been taking medicine of some kind, and yet with dirty mouths and obstructed nasal cavities only a small percentage of them had been directed by their physicians to sit out of doors, to sleep with their windows open, or to systematically use a tooth-brush.

Many patients coming to the Municipal Hospital, complaining of nausea, vomiting, loss of appetite, constipation, wakefulness, and the other symptoms associated with pulmonary tuberculosis, were relieved by air and food and rest, with occasional doses of cathartic medicine. In the absence of chronic gastric catarrh, requiring lavage, thoroughly cleaning the teeth at the dental clinic usually relieved the nausea, the vomiting was lessened and finally ceased altogether. Life in the open air day and night, rest when the temperature and pulse are above 100, graduated exercises, beginning with a few minutes each day, attention to the teeth, nose, and throat, and the administration of cathartics, are the things that produce results in the treatment of pulmonary tuberculosis.

The treatment of pulmonary tuberculosis to-day is the treatment that I have outlined, together with that discipline which enforces the strict habits of life. Such treatment has for its object the increase of defensive organisms within the body. Some day, very soon, these natural defenses may be aided by an antitoxin, but when the antitoxin comes the results obtained from its use will be secondary to such treatment as I have herein described.

The treatment of tuberculosis can never degenerate into, nor can it ever be successful through, merely squirting a serum underneath the skin, without that regard for general and personal hygienic conditions which pulmonary tuberculosis demands.

Thirty additional physicians have recently been appointed as school inspectors in Boston, making a total of eighty.

A TYPHOID CASE

By ISABEL NEEDHAM
Graduate of Illinois Training-School

I GIVE some recollections of fourteen weeks spent with a patient very sick with typhoid, in a country place, with the doctor far away.

When I arrived I found the patient had had a hemorrhage the week before, and had been given a subcutaneous transfusion. The doctor told me that the symptoms indicated meningitis.

The sick room was cool and clean, with a mild light, and was arranged very nicely. Tossing and rolling on the bed, with staring eyes and a constant muttering, lay my patient. His pulse was 120, his temperature 104° F. I gave diet every two hours, milk or fruit juice, and sponged for temperature. His pulse was of fairly good quality, though rapid, and he took and retained his nourishment. This was the history of many days and nights—no sleep and that restless tossing. Narcotics seemed to give no rest.

After many weeks the heart began to fail, and digitalis was given. One night his temperature went up to 105°, and would not be reduced by ordinary means. Finally, I put each foot in a hot pack, and, having induced perspiration by this means, kept it up by warm drinks and hot blankets. The temperature came down, and by noon the next day was only 100°. At evening I lay down to sleep, asking to be called in one hour, and sooner if there were any change. A gentle shake and the words, "John seems so cold, and we don't know what to do," roused me. I ran to the bed, and he certainly was "so cold" and very weak, with only a flutter of pulse at the temple and wrist. I gave stimulants, all the time putting hot flannels on and changing them. I wanted to give him some warm milk, and as he seemed too weak to draw it through the tube, I siphoned it into his mouth with some rubber tubing. (I had used this instead of a glass tube during his delirium, fearing he would bite the glass.) After working over him for four or five hours, I could count the pulse, though it was still far from regular. This was the turning-point of the fever. The heart seemed to be so worn out that we almost despaired; but watched, and prayed, and gave one drop of digitalis in six hours, and pushed the diet, and finally felt sure we were gaining.

During this time the patient had grown very thin, and a necrosed

place appeared on each hip and on the back. He could not lie on either side or back, now that consciousness had returned and the pain could be felt. I used newspaper bed-pans, made by taking many thicknesses and rolling under to make a rim. I made cotton cushions like rubber rings, only larger or smaller as I found would be more comfortable. His diet now became a subject of interest to him. I gave eggs, jellied, and all the usual soft foods; then bacon, cooked till nicely crisp, and with the lean lines cut out; then well toasted bread, several days old; then broiled quail. Beef-steak came next, and as he was very fond of this, I soon gave him steak three times a day, with apples and (I almost fear to say) candy between, with jellied eggs at midnight. The heart action improved slowly, but for several weeks we had to save every bit of energy and strength we could. His mental faculties returned very gradually. He had had strychnia for such a long time, and his limbs had become so stiff, it seemed almost impossible for me to straighten them, and an utter impossibility for him to. For this stiffness I tried massage with oil from pigs' feet, prepared by cutting the toes off pigs' feet, and boiling them until the oil was extracted. It is a very soft, fatty oil, and smells something like lard. This I used very freely, and the result was all we could desire.

He began to ask to get up, and as soon as his heart was strong enough, I fixed a well padded chair, had him put both arms around my shoulders, picked him up as one would a child, and put him in the chair. He would soon tire, and so I tipped the chair back until he was practically lying down with his feet elevated. In this position he would sometimes sleep from half an hour to two hours, and as it relieved his back somewhat, I would often put him into the chair forenoon and afternoon, and sometimes during the night, when sleep would not come to the tired eyes in any other way. On nice days I would pull the chair out on the porch for a few moments, lengthening the time, as he could bear it, to fifteen or twenty minutes. These little outings were looked forward to and added much pleasure to the trying time of his convalescence.

As soon as he could sit up an hour, I took him out in the carriage each day that it was dry, and I could see a daily improvement in his condition.

When the task of learning to walk confronted us, his wife would get on one side and I on the other. He would put an arm around each one's neck, and in this way he did not have to bear much weight on his limbs.

I found sun baths conducive to his progress. As early in his convalescence as his heart would permit, we carried him into another

room, where there was a large double window to the south, and there seemed to be a marked improvement after each exposure to the warm, invigorating rays.

With a prospect of health and usefulness for my patient, it was with true thanksgiving in my own heart that I bade good-by to an unbroken family circle, and their gratitude fully repaid me for the many weary hours I had spent over my patient's bed, when not an encouraging symptom could be found.

THE SOOTHING EFFECT OF THE "LONG NEUTRAL BATH" ON AN IRRITABLE CHILD*

By MARION CRAIG POTTER, M.D.
Rochester, New York

It is a theory sufficiently proved by experience that irritability and unreasonableness in a child are caused by its being tired and needing rest. Often, but not always, such a condition can be met and the child's temper controlled and spirits restored by compulsory rest. The late afternoon is a trying time for a child, especially one who has just outgrown the afternoon nap. This is also an impracticable time of day for a child to lie down. It may be sleepy, but instinctively resists sleep by every method its ingenuity can devise. In summer the room is warm, and the child, if forced to lie down, tosses and tumbles, and when it succumbs and is quiet, it is from sheer exhaustion. At the evening meal the child does not relish his food, and appears weary and uncomfortable until bedtime.

After working on this theory of rest cure for some time with varying results, it occurred to me that in case of a patient who seemed to feel as the child acted, a "long neutral bath" had always given relief.

As an experiment such a bath was given a child who was in a very resistive frame of mind. When placed in the water his spirits rose immediately, he called for his rubber balls and his boats, and was soon his old happy self, sailing the ocean. At the end of a half-hour he was full of play, and came to dinner with a smiling face and good appetite. At bed-time he dropped off into a quiet sleep.

The next time that the child showed signs of being abnormally unreasonable, and would respond to no diversion, he was hurried off to the bath before the nerve storm had reached its full force. Visions of

---

*Reprint from the *Hospital Review*, November 15, 1904.

a long swim in his bathing suit, with his balls and boats and water wings, looked very attractive to him. His little brother pleaded to have on his bathing suit and join in the bath, and they were soon two jolly little sailors.

The bath thermometer was one of their boats, and they took great pride in helping keep the water the right temperature. Not long after, a young mother asked me what to do for her little Marjorie, when she was cross. My original theory of rest cure brought the response, "Put her to bed?" "She will not stay there." Then it was proposed to lock the door, to which she answered, "She kicked out one of the panels." The long soothing bath seemed applicable to the case, and advice was given to try it. The mother told me the results were most happy.

Another patient exclaimed that such a bath was "heavenly," and she would never feel so nervous again, for she would know now just what to do to prevent it.

In this short article we can only state a few facts, and cannot go into the scientific consideration of what is known in the medical world as the "neutral bath."

The skin is full of little terminal nerves, all connected with main nerves like a system of telegraph wires. In case of undue excitement, the circulation is increased and the activity of every nerve seems to be reinforced a hundred-fold. In the "long neutral bath" we have a potent remedy which is immediate, direct, and always soothing in its effect, without any damaging influences. This result is obtained through surrounding and protecting these myriads of little over-sensitive nerves by immersing the body in water near its own temperature, and thus almost entirely shutting away from it a variety of aggravating influences.

The bath restores the nerve tone by decreasing the heart's action and checking the loss of energy. In about fifteen minutes in a bath at this temperature, perspiration is suspended, so that water accumulates in the tissues about the little nerve endings. In this way the nerves of the skin become water-soaked, as it were, and the sedative effect is carried back to the nerve centres, producing a general soothing influence. Muscular irritability is quieted, and permanent good is done the whole system.

An anæmic or bloodless skin is more sensitive than a healthy skin, and a fretful, delicate child should be benefitted by frequent treatment of this character. To secure the desired results, the "neutral bath" must be prolonged at least twenty to forty minutes, the temperature of the water accurately sustained between 92 and 97 degrees F., and the child kept in the house for an hour afterward.

into a profound sleep of some hours' duration. There will be none of the nausea of prolonged ether or chloroform narcosis, no increased danger of post-partum hemorrhage (as after chloroform), and no necessity for a skilled assistant to give the anesthetic."

General Anæsthesia Per Rectum.—The *New York Medical Journal*, in a synopsis of a paper in *La Presse Médicale*, says: "Vidal has devised an ingenious apparatus for the rectal administration of ether to induce general anæsthesia. He considers this method indicated in all operations in which asepsis is endangered by the proximity of the anæsthetist when the anæsthesia is induced in the usual way, and when there is disease of the respiratory organs. It is contraindicated by the presence of intestinal disease, such as tumors, chronic inflammation, or hæmorrhoids."

Duration of Immunization After Injection of Diphtheria Antitoxin.—The *Journal of the American Medical Association*, quoting from *Jahrbuch f. Kinderheilkunde*, says: "Sittler states that the protection conferred lasts for three or five weeks or more when the immunised children are not in frequent contact with diphtheria patients or convalescents. When they are with them constantly the immunisation cannot be relied on for more than from ten to fourteen days. Catarrhal affections of any kind and injuries of the mucosæ afford a strong predisposition for diphtheria, even in immunised children, which is able at times to shorten materially the period of protection conferred by the injection of antitoxin. After diphtheria plus injection of antitoxin, the child is liable to contract the disease again if opportunity offers as soon as after injection of antitoxin alone. General exanthemata resembling scarlet fever, even when they run an afebrile course and the throat is not much affected, must be regarded as genuine scarlet fever in the majority of cases. It is wiser to take proper measures for isolation rather than to submit the child to repeated injections of diphtheria antitoxin, for fear of developing the phenomenon of "anaphylaxis" or oversusceptibility. The communication issues from Kohl's pediatric clinic at Strasburg."

Need for Repose After Meals.—The same journal, in an abstract of a paper in *La Presse Médicale*, says: "Martinet summarizes his conclusions in the statement that in vigorous health there is enough blood to attend to both digestion and exercise of other organs. On the other

hand, if the organism is debilitated from any cause, the blood attending to the task of digestion leaves the other organs with such a scanty supply that they should not be called on for any work at this time. Nature announces this by lassitude and somnolency. Whether rest is needed after eating is thus an individual matter, although it is well to advise against a nap after dinner in case of heart disease, arteriosclerosis, obesity, or a tendency to apoplexy. Persons in this category should rest before eating."

THE TREATMENT OF RECENT WOUNDS WITH BANDAGES DRIED BY HEAT.—The *Journal of Surgery,* quoting from a paper in a German contemporary, says: "The author, E. Asbeck, a German surgeon, made a trip as ship's surgeon on a crowded coolie-ship. The coolies suffered from many burns as the ship's motion spilled their hot rice soup upon their nearly naked bodies. As bandages were scarce, a single dressing was used, and immediately after the dressing the wounded part was exposed to the tropical sun or to the heat of the ship's furnaces until completely dry. It was found that a single dressing usually sufficed and no suppuration occurred.

"Since then the author has had the opportunity to use the same method in over five hundred cases of fresh injuries at Professor Bier's clinic, with almost uniform success. The wound is not irrigated, nor the surroundings cleaned, unless of coarse macroscopic dirt. A piece of xeroform gauze is put on the wound, burn, or other injury, and then a dressing and bandage. At once the affected part is exposed to the heat —as, for instance, the boiler fire of a factory, the home stove, or even the Bunsen flame of the doctor's office for small surfaces, until the wound and bandage are thoroughly dried. The good results are partly due to the fixation of germs in the neighborhood, the acute hyperemia induced, and the sealing of the wound surface against outside infection."

THE PHYSIOLOGICAL LIMITATIONS OF RECTAL FEEDING.—The *American Journal of the Medical Sciences* has a paper on this subject by D. L. Edsall. He states that the limitations of this method as a means of furnishing food, not its therapeutical limitations as a means of combatting symptoms, are very narrow. Those who are thus fed lose in general nutrition and lose in weight. The fact that the patient himself feels better for this form of treatment is not evidence that he has improved in nutrition, though it may mean that the disease which has suggested this treatment has ameliorated. The amount which may be

absorbed in twenty-four hours under favoring conditions is the equivalent in nutriment of one glass of milk. The chief advantages of rectal alimentation consist in furnishing mental satisfaction, water, and salts to the body, and to this extent it furnishes a direct and positive gain. As to the food substances, the protein, fats, and carbohydrates, all are absorbed by the lower bowel, but far less freely than when taken by the mouth. In cases in which there is troublesome vomiting or any other transitory cause rectal alimentation is most important, but it should be employed only so long as may be required by the conditions affecting the usual channel for food. Intestinal putrefaction has been observed to be excessive when the use of the rectum for feeding is prolonged.

THE ACTION OF QUININE ON THE AUDITORY NERVE.—The *Journal of Laryngology*, as quoted in the *Medical Record*, says: "Dundas Grant declares that quinine causes congestion of the labyrinth, and also notes that the tinnitus caused by this drug can be quieted by compression on the vertebral arteries. This has the effect of diminishing the pressure in the basilar artery, its branches in the internal auditories, and thereby in the vessels of the labyrinth. This compression may be made in the suboccipital region, the thumb and finger of one hand being placed in the hollows behind the mastoid process, while counter pressure is made by the other hand on the forehead. As the arteries lie under the complexus muscle the pressure must be rather firm. If such pressure checks pulsating noises or vertiginous feelings the inference is that these are due to congestion in regions supplied by the branches of the basilar artery, probably the internal ear."

THE centipede was happy quite
  Until the toad in fun
Said, "Pray, which leg comes after which?"
This wrought her mind to such a pitch
She lay distracted in a ditch,
  Considering how to run.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

A LAY HISTORIAN OF NURSING

It is no doubt indicative of the importance which trained or educated nursing has assumed in modern society that it should be regarded as a hopeful field for historical writers of a popular character. Mrs. Tooley's first book on nursing subjects, the "Life of Florence Nightingale,"[1] which appeared a year ago, was less venturesome, in a way, than her second, an attempt at general history which has just appeared. The "Life," while very delightful reading, was a much simpler undertaking, as it contained no new material but simply retold in a pleasing way the well-known and oft-written story of the Heroine of the Crimea, adding such details of the reform of nursing and the establishment of St. Thomas's training-school as are readily to be gleaned from published documents. The "History"[2] is a much more pretentious work, but falls far below the "Life" in genuine interest, in style, and in balance. The introductory chapters, which are rambling and superficial, might well have been dispensed with in a history of the nursing of the British Empire only, for Hildegarde, Dr. Seaman of the New York Hospital, and Xerxes do not belong to that empire, though they might have been willing to do so had it been possible.

There are two ways of writing history, one by putting things in, and another by leaving them out. Mrs. Tooley's "History" is quite as striking for what it has left out as for what it has put in. Those nurses who for the last eighteen years have watched the development of a new form and a new principle among the nurses of Great Britain and her colonies—the form, association and union among themselves for high purposes; the principle, the extension of democratic self-government and the assertion of citizenship—and who have seen this new spirit spread through the younger profession of the new world and permeate the whole

[1] "The Life of Florence Nightingale," by Sarah Tooley, 1905.

[2] "History of Nursing in the British Empire," by Sarah Tooley, 1906.

fabric of nursing serfdom in the old, may be excused for expressing amazement at what Mrs. Tooley has left out. The truth is, the woman who has been the foremost and the fearless leader of this movement in Great Britain—Mrs. Bedford Fenwick—is so obnoxious to all autocrats and selfish employers that because a "safe" history of nursing will not consent to mention her, except in a fleeting, airy manner, the whole band of splendid women who from the outset have been allied with her must also be left out, except for equally airy touches, and the whole splendid edifice of constructive work in education, organization, civic activity, practical nursing reforms, training-school progress, sound and honorable industrial conditions for nurses, and the development of an intelligent and ethical nursing press, which has been built up with distinguished ability by Mrs. Fenwick, Miss Isla Stewart, Miss Huxley, Miss Breay, Miss Louisa Stevenson, Miss Mollett, and many others, more than we can now mention, must necessarily be left unnoticed and unsung. Mrs. Tooley has indeed painstakingly collected a great number of records of dates and names, among which we look in vain for an opinion or a deduction. And even some of these dates and names have been so presented as to give erroneous impressions.

THE PARIS CONFERENCE

RESPONSES are beginning to come in from various directions in regard to the Conference in Paris, and are all cordial. It is probable that the most interesting feature of the meetings will be the French nursing history which will be presented. Dr. Anna Hamilton promises nursing account of her long and persistent constructive work in founding a training-school on the lines of Miss Nightingale's example, and Mme. Alphen-Salvador will relate the story of her efforts with more detail than she could give in Berlin. It seems quite certain that Miss Turton and Miss Baxter will come from Italy, and tell what they are doing there. We shall have a notable set of reports from our professional organs, the nursing press; the youngest of these, the new French Journal, has been the first to promise its history.

From this country, Miss Fulmer has promised to be there, and Miss Wald, Miss Waters and Miss Rogers will go from the Nurses' Settlement in New York.

Another feature will be that some of the English articles will be written in French, if this is not too Irish a bull, for we are told that the interest will be much greater if we have our special articles translated.

ITEMS

Mrs. Gordon Norrie, one of the Foundation Members of the International Council of Nurses, has been elected president of the Danish National Council of Women. Mrs. Norris was a pioneer in the early movement of educated women into the nursing profession, and has written and done much to advance good standards and nursing organization. We hope she will be able to come to the Paris Conference.

The Holland Nurses' Association has lately gone on record in a very progressive and courageous civic spirit, in a memorial sent to the city government of Amsterdam, petitioning for a thorough medical and nursing service for the public schools. Besides the medical inspection, they asked for nurses to be appointed for the practical details of minor treatment and personal care and oversight of the children, which in the case of the New York schools have been shown to be so important and necessary. The memorial was signed by the president, Dr. Aletrino van Stockum, and the secretary, Miss van Lanschot-Hubrecht, whose names are identified with every public-spirited movement of the nursing world of Holland.

The English Society for State Registration, always vigilant, active, and able, has prepared a notable petition to Parliament setting forth the whole nursing situation, the need of state regulation, the chief occurrences of importance in the campaign of the past twenty years, the actions and resolutions of important public bodies in support of the principle, and the history of the bill which for three years has been brought into Parliament by a private member, but has never been brought to the second reading. The petition states that the opposition to the measure comes primarily from the lay managers of hospitals, who object to state supervision of nursing education, and from other employers of nurses, who fear the limitation of their present authority over them. It prays Parliament to make the bill a government measure, and thus secure for it an unimpeded passage through the stages of parliamentary procedure. The petition is one to make us once more proud of our privilege in being related to a body of workers so intelligent and fearless.

We note in the *British Journal of Nursing* that Mrs. Grace Neill, who has done such excellent work as nurse-inspector in New Zealand under the registration act of that country, intends coming to America, where she has sons, to live. We will meet Mrs. Neill with open arms,

and hope her corner of America will prove comfortable and desirable; also, that we shall see her at many of our gatherings. The latest report on the progress of registration in New Zealand, signed by Dr. MacGregor, the Inspector-General, says:

> New Zealand has proved by five years' experience the advantage to medical men and the public, as well as to the nursing profession, of having a recognized standard of proficiency, and consequently state registration.
>
> Dr. MacGregor considers that one defect in the New Zealand Registration Act should be remedied. He states: "The original Bill classified New Zealand hospitals into those large enough to give nurses a thorough training and those too small to provide adequate practical training, but Parliament rejected such classification. This defect should be remedied at once, for by failing to restrict our training-schools to those hospitals containing forty beds or over we prevent our New Zealand State registered nurses from claiming registration in other countries."

We must sometimes wonder whether all of the German sisters, struggling as they are for a higher plane of education and life-conditions, realize how rare a leader they have in Sister Agnes. We would fain give in full, did space permit, her editorial in the December number of the "*Lazaruskreuz*," in which she outlines the new ideals of the modern movement. "Not our own poor 'ego' dare we make our chief purpose, but to serve mankind shall be our life task. Not by purposeless, useless sacrifice of health in the shortest possible time, not by an ascetic renunciation of the sunny aspects of life, not in neglect of natural claims, can we believe this task is to be fulfilled. We will remain human beings among human beings, and so in the highest sense meet the duties of our calling. But no calling demands such absolute discipline, such complete subordination of self in the great Whole, as ours. That is often ignored by the younger Sisters, especially as, on the other hand, we emphasize personal liberty. But it is only in *voluntary* self-abnegation that the highest ethics are disclosed—this is finer than the dull acquiescence in the inevitable." But we apologize to Sister Agnes, for in the translation of her words much is lost.

"Una" has this interesting paragraph relative to the recently established examinations for matrons in Australia:

> This certificate as originally arranged for future matrons required, as extra qualifications, twelve months' responsible post-graduate work, certificates in cookery, household economics, and infectious diseases, and a special course of instruction in the management, etc., of hospitals and training-schools. Arrangements have been made for holding at least one such course of practical instruction during the coming year. It was immediately apparent, however, that a

number of present matrons might be at some disadvantage if they had no such matron's certificate; and it was recognized that they could scarcely be expected to take up the whole course required in the case of future matrons. In consequence, a modified course was arranged for all present matrons of registered training-schools and registered private hospitals. Three elements were deemed essential, namely, competency in cookery, in hospital organization, and in training-school management. It is very gratifying to record that no less than seventeen of the present matrons have taken the first opportunity thus afforded them of obtaining this certificate by presenting themselves for examination before a board composed of three of our leading matrons and two of our most experienced nursing lecturers. The scope of the written examination will be gathered by a reference to the examination paper which will be found on pages 118 and 119 of our present issue.

We feel that we may fairly congratulate the Association upon thus having taken the initiative in establishing a matron's certificate, and upon having held what, so far as we can learn, is the first examination of its kind.

In the discussion on "The Nursing Profession and the Care of the Consumptive," held at the recent Conference and Exhibit of the English nurses who are provisionally organized in a National Council, there were many wise words said on the social side of the question. Dr. Kelynack, editor of the *British Journal of Tuberculosis*, urged the need of after-care, in the case of cured consumptives; the hope of the establishment of agricultural or horticultural colonies, or other healthful out-of-door occupation, so that they might be saved from the necessity of going back into unhealthful labor, which means usually a relapse. Of agricultural colonies he said: "The experiment is worth attempting, and here nurses who have themselves been smitten or are predisposed may find a congenial sphere for work as nurse-instructors." Miss Helen Todd, who has written much that is stirring and practical on the care of consumptives, also urges strongly the need of some avenue of self-support in country life being opened to the unfortunates, who now have no alternative but to return to the crowded and deadly city environment.

It is very interesting to note the difference of tone taken in regard to nurses by that class of practitioners who are engaged simply in the treatment of disease, without considering it in its wider social aspects, and that of a more thoughtful humanitarian type, who hope for public education as the basis of future preventive work. Dr. Kelynack, who belongs to the latter type, said in his address:

"Every nurse should be a hygiene-missionary. Fast fettered as we still are to ancient traditions and superstitious practices, and ever hampered and hindered by the twin impediments, apathy and ignorance, there is a danger lest a nurse, however braced by high ideals and directed by sound knowledge, may rest satisfied with being a mere tender of the

sick, an obedient servant of the doctor, a useful human machine wound up in a Nursing School.

"The nurse of the future is to be much more than this. She is to be an educational force, a directing power in the prevention of disease, a loyal worker in schools, in homes, in dispensaries, in the many and numerous institutions and organizations rapidly springing into being and which sooner or later shall be coördinated and correlated into a complete and comprehensive Public Health Service.

"The far-seeing nurse should understand that she may take an honorable place and play no insignificant part in the conflict with consumption."

The discussion was spirited and interesting. Mrs. Bedford Fenwick, who goes to the root of things every time she speaks, said:

"The primary aim of treatment should be as far as possible preventive. It was necessary, therefore, to go back to first causes. Why was the devastating curse of tuberculosis so widespread? Because the people had not room to breathe. In cities a sufficiency of fresh air was a difficulty even for the rich—and for the poor impossible. There must be something fundamentally wrong in the distribution and management of land when it was possible for persons to own more property than they were prepared to keep in a sanitary condition.

"It was very little use to adopt treatment and leave primary causes alone. People needed educating on this point." Mrs. Fenwick stated that she had never been more shocked than when recently visiting a country town her attention was called to the infamous condition of the house property of a very religious duke, and she thought it would be far more beneficial to his soul to make his houses habitable than to lavish money on the decoration of churches.

The question of the teaching of hygiene in the public schools was brought up, and Dr. Kelynack said:

"In regard to education in the schools on the insanitary nature of promiscuous spitting, 15,000 men recently memorialized the Educational Authority to arrange for hygiene to be taught in the schools, but certain authorities considered it was necessary to give so much time to higher mathematics that there was little left for such subjects as hygiene."

He closed by saying: "One of the weapons in their hands was an appeal to the selfish side of human nature. The rich were suffering from their sins in regard to the poor. We recognized a distinction of classes, but disease made no such distinctions on artificial lines. In considering how best to attain one's ends, not only an awakened conscience but also an enlightened intelligence was necessary."

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

THE PLACE OF THE GRADUATE SPECIAL IN THE HOSPITAL

DEAR EDITOR: In discussing the place of a special nurse in the hospital one must bear in mind that there are two sides to every question. It seems evident that as a rule superintendents of hospitals view this matter of having to call in so many outside specials somewhat in the nature of a problem, and one that presents no immediate solution. Many would gladly enlarge their training staff in order to use their own nurses in special work, thus eliminating the graduate. This method would not, however, give the desired relief, for to all pay-patient hospitals come those who insist upon bringing their family nurse, the doctors who wish to place their own nurses with certain patients, and the discerning public who do not mind the additional expense for experience. True, we do not forget that a nurse in training may take better care of a patient than her more experienced sister, but we find that patients are often willing to pay the maximum price. Whether they receive a service equivalent is another story. It seems, then, that the graduate special will continue to be a necessity in most general hospitals, and we are told that the making of ourselves a problem or a pleasure remains largely with ourselves.

Much might be said from the nurses' standpoint of the limited accommodations provided for their comfort; in many cases no dressing or bath room, no quiet nook to rest in for a minute, no one in particular assuming the pilotage of the stranger, her knowledge of rules being gained by mistakes made. While this may be true of hospitals, it is also true in other fields of nursing, and in order that we may not prove an added burden to the already overworked management, we might remedy a few of our mistakes and accept as gracefully as possible conditions as they exist, not attempting in this particular field, as we may be warranted in doing in others, a renovation or reconstruction. In talking over the matter with a number of managers, one hears many and varied complaints of the graduate special. A few may be mentioned here to show just cause for some of them. One nurse, who finds herself a little behind in up-to-date methods, is, without invitation or permis-

sion, on hand at any interesting operation or case that may be going on in any part of the house; another, without the formality of request, uses the telephone for long social visits. One manager says that some specials seem to spend little time in their patients' rooms, most of it being employed in walking in the hallways and chatting in a stage whisper to any who will listen; another nurse loses favor with the housekeeper by demanding for her patient delicacies out of season and reason. This, of course, cannot apply to the hospital owned and operated by one physician, who, collecting a large fee for treatment, can afford to cater to capricious appetites, but to the general hospital. Another on entering the hospital feels a sort of irresponsibility, and leaves many of the important matters of care to those appointed to take her place when off duty. A few, forgetting their training days and having become accustomed to the freedom of home, find it hard to become again a unit in the general working of the institution, and come late to meals and in other ways upset order. There is also the supercilious nurse, who does not feel the necessity of common courtesy to house officers. This nurse is dictatorial to pupil nurses, orderlies, and maids. Then there are those whose patients leave the hospital dissatisfied with everything and everybody but their dear nurse, without whom they would surely have died in such miserable surroundings, and many others whose faults of omission and commission remain a cause of worry to many superintendents.

Opposed to all these, I am told of the exceptional class who by their patience, charm, gentle manners, good breeding, and judgment have won for themselves permanent places in the hearts of these troubled managers. They strike the happy medium in all things, their influence in the training-school is for good, their recital of unusual or trying experiences, of travel or nursing in foreign lands, is an inspiration to younger nurses, and makes them more contented with the little trials in these first years of work. Nurses who readily adapt themselves to existing circumstances are always welcomed in the hospitals as elsewhere.

ELEANOR HAMILTON,
Graduate of St. Barnabas' Hospital, Minneapolis.

WHAT IS A FAIR RATE OF CHARGE?

DEAR EDITOR: One of my classmates came to assist me while I was nursing my nephew with typhoid. After four days she left because she was ill. She charged four dollars a day for four days, and one dollar for laundry. She had not been well before she came, and was ill six

hours one day while here. She had only twelve hours' duty. While ill I gave her all the attention I could, including medicine. She was taken to and from the street car in the carriage, although it was only a ten minutes' walk. Am I unjust in thinking that she was entitled to charge only pro rata for the portion of the week, since she left for her own convenience, and that she had no right to the extra for laundry? What do other private nurses do in regard to laundry? When it is not convenient to have it done in my patient's home, I have always paid for having it done outside, and I certainly never charged extra for soiled clothes I took home because I left before wash-day.

I want to thank the author of "The Timid Nurse" and to offer her my sympathy. How many times have I felt that "I hate to go, and I hate to stay," but had not the ability to express it so cleverly. I hope she will pass through her slough of despond and come out the other side as I have.

I. P.

RANK FOR ARMY NURSES

DEAR EDITOR: It is well nigh impossible for those who know the Army Nurse Corps only through hearsay to estimate justly what it has to offer. From those who have had a long and happy experience in its ranks, but little is heard. It is the soreheads who rush into print—those who have been discharged for one cause or another, or who were unable to secure a reappointment when they would have liked to have one. It is these who seem to wish to extend and perpetuate their own disaffection, and yet who resent bitterly any suggestion that their love of country may be somewhat lukewarm. It will be long before we can forget that correspondent who in an open letter asked "*why should we?*" (respond to a call for nurses), and who threw into the balance with her "patriotism" the possible "laundry and mess bills." It was the weight of the latter which decided for her that nurses were not called upon to serve Uncle Sam—to help to make his sick soldiers comfortable, and to nurse them back to health.

Conditions in the Army Nurse Corps may leave a good deal to be desired, but no devil is as black as he is painted. When it is remembered—

1. That ever since the Spanish-American War the Medical Department has been handicapped by a deficiency of about two hundred officers, actually required to perform the necessary work of that department;

2. That this lack has had to be supplied by civil physicians under

contract, who have no rank whatever, and no status in the regular establishment, except to look after the sick;

3. That to consider the question of rank for army nurses until after the Medical Department has been given regularly commissioned officers to do its work would be preposterous, as it would make the nurses take precedence over two hundred doctors now on duty in various places, and from whom the nurses may at any time be obliged to take orders;

4. That there are, besides these two hundred contract surgeons, thirty dental surgeons and veterinary surgeons, who have no military rank, employed by the army.

Altogether too much emphasis has been laid upon this matter of *rank* for nurses by those who have little knowledge of the inside facts. Even were this step the most desirable thing for army nurses, it can be achieved only by an act of Congress, and the stupendous difficulty of getting that great body to legislate is but little understood. The Medical Department has been trying for four or more years to get its bill through for the reorganization of its corps. The President has made this legislation the subject of one or more special messages, urging its importance, the Secretary of War has argued again and again in its favor before the Committee on Military Affairs, and yet it hangs fire.

Of Mark Twain, who has recently been in Washington to look after legislation on copyright laws, it is said: "Samuel L. Clemens (Mark Twain) was at the Capitol yesterday, and took an informal leave of Speaker Cannon and Vice-President Fairbanks and other prominent members of the national legislature. He told 'Uncle Joe' that he was sorry to depart without receiving the thanks of Congress he had requested, as he needed it in his business; but it had been intimated to him that *if he would get out of town and leave Congress alone, the deferred thanks might be forthcoming at once.* If the surmise should prove true, Uncle Joe, it is understood, will forward the 'thanks' to the noted humorist by special delivery letter. Mr. Clemens said he felt he had accomplished all he could for the copyright cause for the present, and that no good would result from his remaining here any longer; in fact, *'he thought he might undo all of his missionary work if he continued to longer haunt the halls of legislation.'*

"'I have found out several things since I have been in Washington,' said Mr. Clemens yesterday. 'I could write a book on my discoveries and not enumerate all of them. I have learned among other things that legislation is a much more complicated proposition than I ever dreamed it to be. It looked very simple and easy at a distance, but a closer view has given me quite a different impression.'"

It is only within the past ten years that the medical men of the Austrian army have held commissions, and to-day the doctors of the Russian army have only what is known as a "chin" rank, and this they hold in common with many civilians—bankers, college professors, etc. So when all is said and done it is difficult to feel that army nurses are as greatly wronged because they have no rank, as many people would have us believe.

On the other hand, army nurses enjoy many advantages which are not to be found in any other nursing service, institutional or private work—*i.e.*, the certainty of change, of variety of environment and work, which is so great a rest, regular hours, and, above all, the great advantage of travel, that greatest of all educators. Many members of the Nurse Corps have, under official orders, made the circuit of the globe, and some there are who have done this more than once. Nurses on leave in the Orient have opportunity to visit China and Japan, and those on duty in the southern islands have curious and interesting experiences, not all of which are delightful, to be sure, but no one having had them can help being a better nurse and a more resourceful woman. From start to finish, the entire experience as an army nurse is unique. There is and can be no other quite like it. Not that a sick soldier is at all different from a sick civilian, so far as concerns his disability, but his point of view is radically different. All those who have ministered to him will bear me out in the assertion that the soldier makes an ideal patient, bearing suffering with fortitude, willing to do as he is told, prompt in his obedience, and grateful and appreciative of the efforts made in his behalf.

In the army hospital scientific and technical processes are no different from those found in the best civil institutions. But the administrative business of the one is totally unlike that of the other, and military etiquette and procedure have an individuality all their own. It matters not what advantages a nurse may have enjoyed during and subsequent to her training; to be in charge of one of the large wards (forty to eighty beds) of a general hospital, and to keep the records, is a liberal education.

The social status of a nurse in the army is determined as it is in civil life, by that to which, as an individual, her personality, her education, her birth and breeding, entitle her. One thing, however, must be clearly understood: Military discipline demands that between the officers and enlisted men there is a "great gulf fixed," as impassable as the space between heaven and earth. No bridge can span it, and none may pass to and fro between the two. It is in no sense a question of one being

better or worse, higher or lower, more educated or more ignorant, than the other, but simply and wholly a question of *place*—of strata, so to speak. Nothing short of some awful convulsion of nature can give the upper one "a dip," or bring the lower one to the surface. It is obvious then that no nurse can expect to choose her associates from both.

In the foregoing an endeavor has been made to explain some of the conditions in the Army Nurse Corps which have been the fruitful source of unfavorable criticism, and at the same time to set forth some of the advantages which that service has to offer to the nurse joining its ranks.

But, thank God, there are still to be found those who truly love their country, and who "care more for what they give than for what they get." The true measure of love is always service—the service which seeketh not its own. This service it is which counts in this world, and which will be remembered in the next. "To her much shall be forgiven because she loved much."

D. H. KINNEY.

[Certainly Mrs. Kinney's letter holds little to encourage the large number of nurses who feel keenly that the establishment of rank for the army nurse would do away with much that at present they decline to endure. It may not be quite correct to call the group of women by whose labors the army nurse corps was established "a convulsion of nature," but perhaps if they had another seizure it might result in rank for the army nurse.—ED.]

EDITOR'S MISCELLANY

[THE *New York Medical Journal* of December 1st discusses editorially "Women Nurses for Insane Men." We believe this is a subject upon which we all need more knowledge, and that the nursing profession should take greater interest in the subject of the training-schools in the hospitals for the insane. Adequate nursing care for this ever increasing class of patients presents a burning problem which cannot be ignored.—ED.]

WOMEN NURSES FOR INSANE MEN

IT is easily understood that the nursing of the insane presents problems quite different from those encountered in maintaining an efficient system of nursing ordinary hospital patients. Except in cases of casual illness, the nurse in a lunatic asylum has little occasion to train herself or himself in the duties and attentions that make up the nurse's occupation in caring for the sick and injured who are of sound mind. Hence the service is not popularly supposed to qualify a person for the general career of a nurse. Moreover, the average individual instinctively shrinks from contact with lunatics, though it is a mistake to suppose that an insane person is necessarily repulsive or even unattractive.

At the sixty-second annual meeting of the American Medico-Psychological Association, held in Boston last June, there were presented several papers dealing with the various questions connected with the nursing of the insane, and there followed a general discussion of the subject. The papers and a report of the discussion are published in the October number of the *American Journal of Insanity*. In one of the papers Dr. Charles R. Bancroft, medical superintendent of the New Hampshire State Hospital, gives excellent reasons for a more extensive employment of women nurses in men's wards than is at present resorted to. Naturally, as he says, it is absolutely necessary that the male patients should be so classified as to make the assignment of women nurses to certain men's wards safe and unobjectionable. Such a classification, he thinks, can be more successfully carried out in a small hospital than in a large one, for the supervision of the patients can be closer and individual characteristics more clearly recognized.

It is held that the presence of a refined and dignified woman exerts upon many of the insane men a wholesome and restraining influence. Those among whom women can be employed to the greatest advantage,

Dr. Bancroft thinks, are the inmates of the hospital reception ward, those of the hospital ward for the physically infirm, and those of the wards for the convalescent and most intelligent insane. Among the "active and disturbed" insane, women nurses had better not be employed. In all instances, of course, there must also be male attendants to perform certain services and to protect the women in case of need, but the woman should be in charge of the ward and the men subordinate. The women should be most carefully selected, for their fitness is due more to their character than to their attainments. Dr. Bancroft recognizes that there are many institutions in which women nurses have for years had charge of men's wards, but he thinks that it would be well to extend the practice to all lunatic asylums.

THE MALE NURSE FOR THE INSANE

Among the papers read at the meeting mentioned was one on this subject, by Dr. George T. Tuttle, medical superintendent of the McLean Hospital, Waverly, Mass. It seems that in that institution women have long been extensively employed, but not in actual charge of men's wards, having assigned to them duties peculiarly appropriate for well bred women. There must still be male nurses, and it appears that there is increasing difficulty in obtaining men of the right stamp. Many of the men who apply for work as nurses, says Dr. Tuttle, have no intention of following the profession of nursing permanently; "they simply want a 'job,' have no real interest in the work, and look upon any systematic instruction as an accident of the service, to be tolerated but not desired." Some of them go from one institution to another in quest of "an easy place," and they may thus have learned methods which no good hospital would wish introduced into its service.

Dr. Tuttle gives the following list of reasons for the discharge of 765 men consecutively from nineteen hospitals for the insane: Intoxication, 197; abuse of patients, 132; away without permission, 66; insubordinate, 61; undesirable, 59; disobedient, 57; sleeping on duty, 47; theft, 28; untrustworthy, 27; unsatisfactory, 21; negligent, 19; untruthful, 15; unfaithful, 11; immoral, 11; entered service under false name, 8; aiding patients to escape, 4; drug habit, 2. Some of the reasons here given are expressed in rather vague terms, but it will be seen that the list is one of shortcomings mostly of a gross character in men undoubtedly chosen with great care. Therefore it must be conceded that it is very difficult to obtain unobjectionable male attendants for the insane.

Training-schools for asylum nurses do not seem to be as satisfactory in some respects as those for general hospital nurses. Dr. Edward B. Lane, formerly medical superintendent of the Boston Insane Hospital, contributed a paper on this subject. In the course of his paper he says: "There is a vast amount of necessary routine work that is done by the old fashioned attendant more satisfactorily than by the young pupil nurse who is, in accordance with training-school ideas, assigned in rapid rotation to various posts of duty." It looks as if the difficulty of obtaining proper male nurses for the insane would contribute powerfully to promote the more extensive employment of women.

NURSES' SCHOOLS AND ILLEGAL PRACTICE OF MEDICINE

The *Medical News* of December 1 gives the following:

Physicians have enough examples before them to emphasize the danger of putting the power to practise medicine into the hands of those who will use it wrongly. Some physicians, however, do not seem to learn this lesson. J. Noir criticises certain methods of instruction and certain manuals for nurses as having a tendency to encourage the production of illegal practitioners. He quotes passages from an English manual which support his contention, and reproduces the following resolutions which were adopted unanimously in the Congress for the Suppression of Illegal Practice: "1. Every attempt at initiative on the part of nurses, attendants, orderlies, etc., should be reproved by the physicians and by the hospital administration. 2. The programmes of nursing schools and the manuals employed should be limited strictly to the indispensable matters of instruction for those in their position, without going extensively into purely medical matters which might give them a false notion as to their duties and lead them to substitute themselves for the physician. 3. The professional instruction of orderlies and nurses should be intrusted exclusively to the physicians, who only can judge what is necessary for them to know. 4. The physicians charged with this instruction should never forget, in the course of their lectures, to insist on the possible dangers of the initiative on the part of orderly and nurse, and on the serious responsibility that would be incurred in case of accident by the persons thus inconsiderately stepping out from their proper sphere." These maxims should certainly be borne in mind by the physician who has dealings with the nurse, as a matter of simple justice to her that she be not encouraged to take steps that are not in her province.

[To what extent are nurses of really high grade training-schools in the habit of "substituting themselves for the physician"?—Ed.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE Conference of the International Council of Nurses to be held in Paris next June will convene in the third week of that month and will hold sessions on the 18th, 19th, and 20th. The precise meeting-place will be announced later. It is not necessary for associations to send formally accredited delegates, as the conference will be informal. All nurses will be welcome, and it is hoped that a large number may present themselves. There will be no special rates, nor official headquarters, but addresses will be given later of the hotels where the officers of the Council may be found. All official information will be given out to the three journals of the countries now in membership in the Council, viz., the *British Journal of Nursing*, THE AMERICAN JOURNAL OF NURSING, and the *German Nurses' Journal*. Other journals are invited to copy the notices.

L. L. DOCK, Secretary for the Council.

CORRECTION

THE amount contributed by the Graduate Nurses' Association of Pennsylvania to the course in Hospital Economics was twenty-five dollars, and individual subscription thirty-four dollars, making a total of fifty-nine dollars through the medium of the State society.

STOCKHOLDERS' MEETING

The annual meeting of the stockholders of THE AMERICAN JOURNAL OF NURSING COMPANY was held at their headquarters, 14 East Forty-second Street, New York City, January, 1907, and a board of directors elected, consisting of the Misses Damer, McIsaac, Riddle, Samuels, and Davis.

The officers of the board are: President, Miss Damer; Secretary, Miss Samuels; Treasurer, Miss Riddle.

STATE MEETINGS

WASHINGTON, D. C.—A regular meeting of the Graduate Nurses' Association of the District of Columbia was held at Garfield Memorial Hospital Tuesday afternoon, January 8th. The Central Registry for Nurses, which was opened December 1, 1906, at 1723 G Street, under the auspices of this association, was the chief subject of discussion, and the report for the month of December was most satisfactory to all present. Miss M. A. Winner was elected temporary registrar.

REGULAR MEETINGS

New York.—The Alumnæ Association of the Mills Training-School has prepared a report on the receipts and expenditures of its club-house and directory for the two years since it was established, the figures of which are shown below. The success of this undertaking on the part of the Mills young men has been most remarkable, and many of our associations may profit by their example. The officers for this year are: President, I. M. Williamson; first vice-president, A. E. Horan; second vice-president, J. A. Quinlan; secretary and superintendent of the club, L. B. Sanford; treasurer, William Van Hoesen.

For the year ending December 31, 1906.

House resources:		
Rent received	$2658.20	
Rent due from members	178.75	$2836.95
House liabilities:		
Rent paid	$1992.92	
House expenses	808.67	$2801.59
Net gain		$35.36
Association resources:		
Registration	$1086.10	
Commission	1299.58	
Commission owed association	62.50	$2448.18
Association liabilities:		
Salary of superintendent, stationery, etc.	$1207.01	
Telephone	67.98	$1274.99
Net gain		$1173.19
Notes and interest paid during 1906		$337.50
Notes, bills and interest outstanding December 31, 1906		509.93
Cash receipts for year	$5017.63	
Cash paid out for year	4466.63	$551.00
Cash on hand from 1905		433.31
Cash on hand December 31, 1906		$984.31

Number of cases during year....507
Number of men on list....117
Number of men in house....22
Since December 31, 1906, all indebtedness has been paid in full.

Respectfully,

I. M. Williamson, President and Auditor.
L. B. Sanford, Secretary.
Wm. Van Hoesen, Treasurer.

BOSTON.—On New Year's evening the Nurses' Alumnæ of the Massachusetts General Hospital held a reception in the Thayer Library, which was tastefully decorated. On the receiving committee were Miss Anderson, Mrs. H. L. Burrell, Miss Helen Finley, Miss Agnes E. Aikman, Miss Grace Beattie. The graduating class was invited, and during the evening Mrs. Johannesson (one of the first class to graduate) gave reminiscences of the old times in the hospital. The members wished the graduates success, and hoped they would soon be members too. Excellent music was furnished, and refreshments were served by the committee in charge. A most enjoyable evening was spent.

ENGLEWOOD, N. J.—The graduates of the Englewood Hospital met in July, for the purpose of forming an Alumnæ association.

After appointing officers, it was decided to hold the meetings the first Thursday in every month, beginning in November; at which meeting it was decided to frame a constitution and by-laws.

The Secretary, Miss Chisholm, was requested to write Miss Flint, our president, expressing regret and sympathy for her in her trying illness.

A discussion was started as to the advisability of a club-house. The motion was laid on the table for the present.

After coffee, cake, and conversation were indulged in, the meeting adjourned till February 4th.

CHICAGO, ILL.—At a bazaar given by the Michael Reese Nurses of Chicago on the afternoon and evening of November 22d, the sum of three thousand five hundred dollars was realized.

The bazaar was given for the purpose of raising two thousand dollars to endow a room for sick nurses in the new hospital. A special meeting was called to decide what to do with the surplus, and the following plan was decided upon: To take two thousand dollars of the proceeds of the bazaar and endow a room for sick nurses, to be called the "Michael Reese Nurses Alumnæ Room," the remaining fifteen hundred to be added to the sick benefit fund, giving a larger amount than is needed, so it was proposed to take one-half of this sum and invest in a first mortgage. The society has also a separate fund amounting to sixteen hundred dollars, which was started about one year ago from the sale of "Rules of Conduct," written by Miss Louise Waddell and found in her purse after her death. The "Rules" have been beautifully lithographed and sell for one dollar. It is proposed to use this money for a sinking fund to be known as the "Louise Waddell Fund." Any nurse needing the aid of such a fund in case of protracted illness or other emergency may apply to the committee in charge, said committee to consist of five members appointed by the Alumnæ, to serve terms respectively of five years, four years, three years, two years, and one year.

It is also thought advisable that half of this fund be invested by a competent business man, as it will increase indefinitely as additional copies of the "Rules" are sold.

CARTHAGE, MO.—An association to be known as the Southwestern Missouri Association of Graduate Nurses was formed at Carthage, Missouri, December 10th, Miss Mary E. James, graduate of Mercy Hospital, Davenport, Iowa,

president. Much interest in the state movement for registration was shown, and a delegate was appointed to attend the state meeting at St. Louis, December 12th and 13th.

CHESTER, PA.—The graduate nurses of Chester Hospital, Chester, Pennsylvania, organized an Alumnæ Association, November 9, 1906. Officers were elected as follows: President, Miss Mae Disert; vice-president, Miss Clara Hoskins; secretary, Miss Cora Jane Welker; treasurer, Miss Anna Brobson.

The constitution was read and adopted Tuesday, January 15, 1907.

The object of the association is for mutual help and protection, to advance the standing and best interests of the trained nurse, to promote social intercourse and good-fellowship among the graduates.

ORANGE, N. J.—The regular meeting of the Orange Training-School Alumnæ Association was held at the Visiting Nurses' Settlement, 24 Valley Street, Wednesday, January 16th. The meeting was called to order by the president, Miss Martha Clarke. The question of endowing a room for the use of graduate nurses in the Orange Memorial Hosiptal was discussed. No decision was reached, as the sentiment of the association appeared to be in favor of considering some other plan of caring for nurses in ill health. The question of establishing a central nurses' registry for the Oranges was brought before the meeting. Owing to limited time, and in order to give opportunity to the members for careful consideration of the subject, the matter was laid over to the next meeting for discussion.

BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Hospital Training-School Alumnæ was held at the training-school January 1st. The principal business of the meeting was the appointment of a committee of five to choose a site for a club-house and to start one as soon as possible, borrowing fifteen hundred dollars ($1500.00) from the endowment fund for that purpose. After the business meeting, Mrs. Leonidas Hubbard, a graduate of the school, gave an interesting talk on her trip to Labrador, with a descriptive account of the villages through which she passed, and her reception by the Nanscopee Indians, their habits and dress.

Refreshments were served after the meeting adjourned.

NEW YORK.—The officers and trustees of the New York City Alumnæ for the coming year are: President, Dr. Sarah C. Silver-White; first vice-president, Miss J. Amanda Silver, R. N.; second vice-president, Miss Helen M. Sheehan, R. N.; recording secretary, Miss Inie E. Aldrich, R. N.; corresponding secretary, Miss H. Grace Franklin, R. N.; financial secretary, Miss Elizabeth Gregg; treasurer, Mrs. T. Hines Nason, R. N.; trustees, Miss D. M. Lamb, R. N., chairman; Mrs. Clinton Stevenson, Miss Jessie A. Stoovers, R. N., Miss Helen M. Sheehan, R. N., Miss E. J. Hopkins, R. N., Miss Frances E. Meyer, Miss Martha E. Bollerman, R. N., Miss Mary E. Ryan, Miss E. Blanche Kline, R. N., Miss Helen M. Patterson.

NEW YORK.—The annual meeting of the New York Post-Graduate Nurses' Alumnæ Association was held on January 8th, with a good attendance. The review of the year's work was very satisfactory in all departments. The following officers were elected for the ensuing year: President, Miss Charlotte Ehrlichea; first vice-president, Miss Caroline Vail; second vice-president, Miss Eleanor Stewart; third vice-president, Miss Elizabeth Kob; fourth vice-president, Miss Lena Gallup; treasurer, Miss Celia MacDonald, Post-Graduate Hospital; secretary, Miss Gertrude Selden, 131 West 143d Street.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held their regular monthly meeting at three o'clock Thursday afternoon, January 10th, at the residence of Dr. Marion A. Mead, on Third Ave. S. At four o'clock Dr. Arthur T. Mann, surgeon, closed his series of lectures on "Bandaging." For bandaging, prizes were awarded to Miss Porter, superintendent of the Swedish Hospital, and Miss Agnes Peterson, of the Northwestern Hospital.

NEW ORLEANS, LA.—On November 22, 1906, the annual dinner was given to the Alumnæ Association of Charity Hospital Training-School for Nurses by the Sisters in charge.

The room was well decorated, an excellent dinner was served, and a very pleasant evening spent. Afterward a business meeting was held, and officers elected for the coming year.

SAVANNAH, GA.—The third annual meeting of the Graduate Nurses' Association of Savannah was held on December 29, at the Savannah Hospital.

The following officers were elected for the ensuing year: President, Miss M. B. Wilson; vice-president, Miss N. Johnston; treasurer, Miss J. Romeo; secretary, Miss M. Clark; executive committee, Miss M. A. Owens, Miss M. McCall, Miss M. Cunningham.

After the meeting the association was entertained by Miss Wilson, president of the association, and superintendent of nurses at the Savannah Hospital.

SOUTH BETHLEHEM, PA.—The annual meeting of the Alumnæ Association of St. Luke's Hospital, of South Bethlehem, Pennsylvania, was held on October 18, 1906, and it was unanimously decided by those present to establish a fund for endowing a room in the hospital for graduate nurses. There has been prompt response to the written notices sent out, and it is hoped that this fund will grow rapidly.

BROOKLYN, N. Y.—The Alumnæ of the New York State School for Training Nurses held their annual meeting at the Prospect Heights Hospital on Tuesday evening, January 8. There was just a quorum present, and the president presided.

After the unfinished business came election of officers, and the president

was reelected. Four nurses applied for membership and were elected. They were Miss Fling, Miss Tibber, Miss Gosling, and Miss Smith.

There are now fifty-eight nurses enrolled as members of the Alumnæ Association.

A discussion of a sick benefit fund has been laid on the table at each business meeting for the past year. Some of our members are in favor of a fund, whereas others prefer endowing a room in the hospital. A great many members have failed to respond to the appeal, so nothing definite has been decided. Fairs, theatres, etc., were discussed as a means of raising money, but that also had to be laid aside on account of the few members present.

A luncheon was given at the Hotel St. George on Thursday, December 27, and those present enjoyed a very pleasant afternoon. The decorations were carried out in Christmas colors.

The new officers for the year 1907 are as follows: Miss Eva H. Branch, president; Miss Hannah C. Lee, first vice-president; Miss Anna Nye, second vice-president; Miss Catherine Escott, recording secretary; Miss Ida M. Oliver, corresponding secretary; Miss Gertrude Keefer, treasurer.

PERSONAL

The Nurses' Library of the Toronto General received a present of fifty volumes on Christmas Day.

Miss Vera Whitney, graduate Victoria Hospital, London, Ontario, has been very ill with typhoid fever at Traverse Hospital, Traverse, Michigan.

Miss Alice A. Gorman resigned her position as superintendent of the Bridgeport Hospital on November 1st, and is for the present in New York City.

Miss S. F. Palmer has been unable to perform her full duties during the month because of an attack of grippe, from the effects of which she is now regaining her strength.

Miss Annie Hartley, who has been absent from Toronto for the last six months, owing to the illness and death of her sister, will return to her duties as night supervisor in the Toronto General Hospital, February 15th.

Miss Margaret B. Cowling, graduate of the University of Maryland, has accepted the position of superintendent at the Hospital for the Relief of Crippled and Deformed Children, 2000 North Charles Street, Baltimore, Maryland.

Miss H. Grace Franklin, R.N., late superintendent of the New York Medical College Hospital for Women, also superintendent of the Lozier Memorial Training-School for Nurses, New York, has gone to Kalispell, Montana, to take charge of a hospital.

Miss Elisabeth Cocke, of Bon-Air, Virginia, class of 1900, Old Dominion Hospital Alumnæ, after an illness of several months with chronic appendicitis, was operated on late in November, at the Memorial Hospital, Richmond, Virginia, and has made a most satisfactory recovery.

Miss Katherine H. Panton, R.N., late assistant superintendent of New York Medical College Hospital for Women, also assistant superintendent Lozier Memorial Training-School for Nurses, New York, has accepted the position of lady superintendent of the Jubilee Hospital, Canada.

Miss Brent, superintendent of the Hospital for Sick Children, Toronto, has been spending her vacation in Los Angeles, California. Miss Brent returns to Toronto in January. It is expected that the new Nurses' Residence, donated by Mr. John Ross Robertson, will be dedicated February 5.

Dr. Laura Hughes, president of the Spanish-American War Nurses, has been for a number of weeks seriously ill with acute rheumatism, from which she is now convalescing. The Woman's Auxiliary to the United Spanish War Veterans, of which Dr. Hughes is the National Surgeon, has named the Newton, Massachusetts, branch the Laura A. C. Hughes Auxiliary.

Miss Lilla Shepard, upon her departure from the Guelph, Ontario, General Hospital, of which institution she has been the superintendent for a number of years, received a very complimentary ovation from the people of the city, expressed in a reception where addresses were given, and much regret expressed at her departure, by the most prominent and influential people of the town. On December 3d the Ladies' Aid Association presented her with an address and a purse of gold.

BIRTHS

On December 2d, to Mrs. James H. Fowler (*née* Leader, Illinois Training-School) a daughter.

On December 15, 1906, to Mrs. Rena Behrend, *née* Dornberg, graduate of the Jewish Hospital, Philadelphia, twins, a boy and a girl.

At Siler City, North Carolina, on September 19, 1906, to Mrs. Joel L. Hill, *née* Harriet Bynum (St. Luke's, South Bethlehem, Pennsylvania, class 1902), a daughter.

MARRIAGES

On October 3, 1906, in St. Paul, Minnesota, Miss Mary Louise McCormick to Mr. Patrick J. Moran. Mr. and Mrs. Moran will live in New York City.

At Rockville, Indiana, on December 27, 1906, Miss Whitted, graduate of the Provident Hospital, Chicago, to Mr. Young. Mr. and Mrs. Young will make their home in Panama for at least a year.

At Newark, New Jersey, December 26, 1906, Miss Elizabeth Kinnaird Erskine, class of 1906, Newark City Hospital, New Jersey, to Dr. Harry B. Williams, of Newark, New York. Dr. and Mrs. Williams will make their home in Newark, New York.

OBITUARY

DIED on January 7, 1907, at Nanticoke, Pennsylvania, Miss Sarah Emlyn Winter, graduate of the Metropolitan Training-School, class of 1904.

DIED at Owen Sound on December 10, 1906, Eliza Loss Sewrey, graduate of the Toronto General Hospital Training-School for Nurses, class of 1896.

DIED at Southern Pines, December 31st, Miss Frances C. Moore, a graduate of the Boston City Hospital. Miss Moore was a woman much beloved by friends and patients.

DIED at St. Johns, N. B., December 16, 1906, Miss Clara J. Shaw. The deceased was a graduate of the Newport Hospital, class of 1893, and for several years had been engaged in private nursing in Washington, D. C.

AT New Orleans, Louisiana, on December 4, 1906, after a lingering illness, Miss Philomene Comford, a graduate of the Charity Hospital Training-School for Nurses, New Orleans, class of 1903. Miss Comford was an earnest worker in the Louisiana State Nurses' Association for the uplifting of her profession.

ST. LUKE'S HOSPITAL, South Bethlehem, Pennsylvania, mourns greatly its loss of two of its most generous benefactors in the death of Professor W. H. Chandler, secretary of board of trustees since its foundation, and Mr. Robert Heysham Sayre, also a prominent charter member of the board of trustees, and the donor of a handsome men's surgical ward, which bears his name. Both of these men were deeply interested in the work of the training-school.

AT Rochester, New York, on Saturday, January 5, 1907, Miss Eva Mary Allerton, aged fifty-three years.

Miss Allerton's death occurred at the Homeopathic Hospital, of which institution she had been the superintendent for nearly seventeen years. She had been incapacitated from active work since November 20, 1905, and had remained at the hospital as a patient during her long period of invalidism. Miss Allerton was born at Mount Union, Ohio. She was a descendant of Isaac Allerton, one of the Mayflower pioneers. She was a member of the Society of Mayflower descendants, and was exceptionally well read in Colonial history. She graduated from the Boston Training-School connected with the Massachusetts General Hospital in 1885, began her work as a graduate nurse with Dr. S. Weir Mitchell, at Philadelphia, was superintendent of the training-school of the Alleghany General Hospital, and assumed the position of superintendent of the Rochester Homeopathic Hospital on January 22, 1900. Miss Allerton was widely known for her admirable work in hospital management. She was a woman of few words, whose power to achieve was expressed in action. The successful development of the Homeopathic Hospital in Rochester was largely due to her ability and untiring devotion to its interests. She possessed qualities of brain, mind, and heart far above the average. She had the courage and the power to carry through large undertakings in a broad, liberal way, combined with the art of paying attention to the smallest detail. She had a keen appreciation of the needs of the unfortunate, and the

power to arouse the generosity and the sympathies of the wealthy in their behalf. She did much to raise the standards of hospital and training-school administration in Western New York, and her influence in broader circles was always in the direction of progress and the uplifting of her profession.

Miss Allerton was best known outside of Rochester as the chairman of the legislative committee which carried the bill for the State registration of nurses in New York to a successful issue. Without her knowledge of affairs and of political methods, it is doubtful if the nurses of the State could have carried this measure in one year. This work was done by Miss Allerton under tremendous nervous strain, and she felt herself that the effort and excitement of the legislative campaign, combined with her exacting duties in the hospital, hastened the development of the disease which finally caused her death.

Miss Allerton was a charter member of the American Society of Superintendents of Training-Schools for Nurses, of the Alumnæ Association of the Massachusetts General Hospital, of the New York State Nurses' Association, and of the Monroe County Nurses' Association. She was also one of the group of women who helped to make THE AMERICAN JOURNAL OF NURSING possible, by being one of the first subscribers for a share of stock in the company. Her loss to the profession and to her many warm personal friends is inestimable.

HOSPITAL AND TRAINING-SCHOOL ITEMS

THE Tulsa Hospital Association has been incorporated under the laws of the Indian Territory, with Dr. F. S. Clinton as president, and Miss Myrtle Chamange as acting superintendent. The plant of the Bellview Sanitarium has been acquired, and will be occupied until a new building is constructed.

THE Woman's Hospital in the State of New York, 110th Street, between Amsterdam and Columbus Avenues, New York City, opened its new building on December 5, 1906. It offers to nurses a post-graduate course of six months in gynecological and surgical nursing, and to other schools the privilege of affiliation.

To supply the deficiencies in resourcefulness in caring for convalescent and well children, the Training-School of the City Hospital at Worcester, Massachusetts, has adopted the plan of sending two nurses at a time for two weeks to the kindergarten school, where, through the kindness of Mrs. Mary Barker, the superintendent of kindergarten work in Worcester, this is made possible. Mrs. Barker gives six letters on kindergarten work to each class in the training-school. The pupil nurses of this school have commenced district work under the supervision of Miss Jacobus, a former settlement worker in New York City.

THE graduating exercises of the Bellevue Training-School for nurses were held at the Nurses' Home on January 22d, and the following young ladies received diplomas: Miss Lottie Argabrite, Miss Florence Ball, Miss Rosa Bolyen, Miss Margaret Byrne, Miss Sarah Corrigan, Miss Elizabeth Dunn, Miss Pauline Eberhart, Miss Helen Egginton, Miss Hattie Frost, Miss Lauretta Hamlin, Miss Nora Hanley, Miss Bertha Hastings, Miss Sadye Hayes, Miss Martha Halliday, Miss Carrie Hoskins, Miss Elizabeth Hynes, Miss Elizabeth Kennedy, Miss Rosa Lackhove, Miss Marie Louis, Miss Anna McLaughlin, Miss Mary Melvin, Miss Edith Morgan, Miss Elizabeth Nelson, Miss Catherine O'Connell, Miss Mary Peterson, Miss Nora Phillips, Miss Myrtle Rose, Miss Dorothy Ross, Miss Lou Smith, Miss Sarah Swaney, Miss Alice Townsend, Miss Anna Webster, Miss Annie Wilcox, Miss Clara Williams.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING JANUARY 12, 1907

DAVIS, ANNA L., transferred from temporary duty at Fort William McKinley to regular duty at the Division Hospital, Manila, P. I.

HAMMETT, ANNIE M., transferred from Fort McKinley, P. I., to the United States for duty. Arrived at San Francisco December 27th and assigned to duty at the General Hospital, Presidio.

HEPBURN, SARAH M., transferred from the General Hospital, San Francisco, to the Philippine Division. Sailed on the *Sherman* January 5th.

JOHNSON, SIGRID CONSTANCE, graduate of Bethesda Hospital Training-School, St. Paul, Minnesota, 1902; post-graduate course at the Presbyterian Hospital, Chicago; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

JORGENSEN, MARY C., graduate of Troy City Training-School, Troy, New York, 1905, on duty at the Indian School Hospital, Chilocco, Oklahoma, at the time of appointment, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

KEENER, LYDIA M., transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, New Mexico.

MCCARTHY, KATHERINE A., graduate of Mercy Hospital, Dubuque, Iowa, 1902, post-graduate of Presbyterian Hospital, Chicago, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MORRIS, HANNAH PAULINE, graduate of the Boston City Training-School, 1900, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

POSTLEWAIT, CLARA L., transferred from Presidio of San Francisco to the Philippines Division for duty. Sailed on *Sherman* January 5th.

PURCELL, BERTHA, transferred from the Division Hospital, Manila, to Zamboanga, P. I., for duty.

RICHMOND, EDITH L., sick, transferred from the Philippines Division to the United States for treatment, assigned to the General Hospital, Fort Bayard, New Mexico.

ROBLIN, LOUISE, transferred from the Division Hospital, Manila, P. I., to duty at the General Hospital, Presidio of San Francisco.

ROTHFUSS, EMMA, transferred from Presidio of San Francisco to the Philippine Division for duty. Sailed January 5th.

WOODS, EMMA, recently discharged; reappointed and assigned to duty at the General Hospital, Fort Bayard, New Mexico.

WOODS, JULIA E., ex-army nurse, graduate of the Illinois Training-School, 1896, post-graduate course at the General Memorial Hospital, New York City, reappointed and assigned to duty at the General Hospital, Presidio of San Francisco.

PRACTICAL SUGGESTIONS

WHITE corn-meal is effective in constipation if the patient can take a large amount in twenty-four hours. Cook in a double boiler four hours, until quite stiff, then thin with milk and serve as a gruel or as a cereal with milk or cream, but instead of sugar, pour on a little strained honey. Another palatable way of serving it is to cut it in thin slices, spread strained honey on both sides, then put it in a pan in the oven until brown.

M. D. B.

WHEN a patient only requires care at night occasionally when awake, I pin a tape with a safety pin so that it will be within his reach. The other end I have tied about my wrist. In that way I can sleep in the next room or even several rooms away. This is particularly useful when near the elevated road or any other noisy place, and it has the advantage over a call bell in that it does not disturb other members of the family. I have the tape long enough so that I can turn over with ease.

M. D. B.

IN making mouth washes I always use seltzer or vichy siphon water. I find it the most agreeable as well as the most cleansing wash. My patients all like it, which adds to the benefit.

C. B. R.

FOR chafing between the thighs—a complaint of stout persons in hot weather—bathe the parts daily with alcohol. It certainly toughens the skin.

C. B. R.

IT sometimes seems best not to give "the usual daily bath" to pneumonia patients who are very ill. The extra effort is exhausting.

C. B. R.

FOR caked breast, hot compresses of witch-hazel (an old woman's remedy) are very good.

C. B. R.

I HAVE seen several graduate nurses cover cold compresses with oiled silk. This should not be done, for it is then converted into a poultice. Wring out the linen, folded into four layers, from cold water, then bandage securely.

C. B. R.

FOR emergency operations, the five-cent sterile towels, which can be obtained at any drug store, are convenient. I have had them washed and resterilized to use as dressings afterward.

C. B. R.

THE following suggestion is from the bulletin of the Illinois State Board of Health. I tried it and it works all right, both going on and coming off. I dipped a bar of laundry soap in water, rubbed it over the strip of newspaper until the strip was damp and tried it on varnished woodwork.

A clever plan, which works well in practical application, is the sealing of rooms for disinfection with strips of paper made to adhere with soap. The advantage of this method is that the paper is very easily removed and, with slight moistening, the woodwork may be easily and thoroughly cleaned.

S. M. G.

A PASTE made of bismuth and vaseline is very healing for babies who are chapped or have a sore anus.

E. M. S.

NEWSPAPER pads of many thicknesses are the cheapest and most easily obtained for protecting the bed in emergency cases of obstetrics, or for an operation.

E. M. S.

TOILET paper may be used to receive the sputum. It is also a great saver of handkerchiefs if used to clear the head in cases of ordinary cold.

E. M. S.

QUESTIONS AND ANSWERS

"CAN you tell me of a good method to extract juice from fresh beef? Have tried the lemon squeezer, scraping, etc., but have not as yet had satisfactory results."

Cut the beef into small cubes, putting a bit of salt on each. Place these in a sauce-pan, with one teaspoonful of cold water. Have at hand a cup of cold water, and an empty cup for the beef-juice, standing in warm water. Place the pan on a warm part of the stove, where it will heat but not cook. Press the meat with a strong spoon until a tablespoon of juice is obtained. Pour this into the warm cup, add another teaspoonful of cold water to the meat, and continue to stir and press as before. When all the juice possible has been extracted, finish by squeezing the meat in a lemon squeezer or meat press. This is more palatable to some patients than a beef-juice unmixed with water.

Recipes for extracting juice from beef by the action of hydrochloric acid are given in Miss Boland's and Mrs. Lincoln's cook-books. Miss Sachse gives various methods in her cook-book.

"WHAT is considered a fair charge when one is nursing two patients in the same family, the rate for one patient being twenty-five dollars per week, and the people being fairly well to do?"

I. H.

We shall endeavor to get an opinion on this subject from some one who has been long in charge of a directory for nurses, but in the meantime it would be interesting to hear the opinion of JOURNAL readers who have found themselves in similar positions. The nurses we have interviewed have made no additional charge for a second patient, if the second illness arose in the course of their duty.

OFFICIAL DIRECTORY

THE AMERICAN JOURNAL OF NURSING COMPANY.

President, Miss Annie Damer, Yorktown Heights, N. Y.
Secretary, Miss M. A. Samuels, Roosevelt Hospital, New York City.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS.

President, Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.
Secretary, Miss G. M. Nevins, The Garfield Memorial Hospital, Washington, D. C.
Annual Meeting to be held in Philadelphia in May, 1907.

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, Miss Annie Damer, Echo Hill Farm, Yorktown Heights, N. Y.
Secretary, Miss Nellie M. Casey, 2103 Chestnut Street, Philadelphia, Pa.
Annual meeting, 1907, Richmond, Va.

ARMY NURSE CORPS, U. S. A.

Mrs. Dita H. Kinney, Surgeon-General's Office, Washington, D. C.

ISTHMIAN CANAL NURSING SERVICE.

Miss M. Eugenie Hibbard, Ancon Hospital, Ancon, Panama.

INTER-STATE SECRETARY.

Miss Sarah E. Sly, Birmingham, Mich.

CALIFORNIA STATE NURSES' ASSOCIATION.

President, Mrs. H. W. Pahl, The Hospital of the Good Samaritan, Los Angeles, Cal.
Secretary, Mrs. E. W. Downing, Suisun, Solano Co., Cal.

COLORADO STATE TRAINED NURSES' ASSOCIATION.

President, Miss F. Reed, 1128 Pine Street, Boulder, Col.
Secretary, Miss S. S. Harris, 1121 Wood Avenue, Colorado Springs, Col.

GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.

President, Miss R. Inde Albaugh, Grace Hospital, New Haven, Conn.
Corresponding Secretary, Mrs. Edith Baldwin Lockwood, Granby, Conn.

DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

President, Miss G. M. Nevins, Garfield Hospital, Washington, D. C.
Secretary, Miss Elizabeth M. Hewitt, The Victoria, Washington, D. C.

ILLINOIS STATE NURSES' ASSOCIATION.

President, Miss M. H. McMillan, Presbyterian Hospital, Chicago, Ill.
Secretary, Miss Bena Henderson, Children's Hospital Society, 70 Dearborn Street, Chicago, Ill.

INDIANA STATE NURSES' ASSOCIATION.

President, Miss Edna Humphrey, Crawfordsville, Indiana.
Secretary, Miss Mae D. Currie, 39 The Meridian, Indianapolis, Indiana.

IOWA STATE NURSES' ASSOCIATION.

President, Miss Estella Campbell, 205 Equitable Building, Des Moines, Iowa.
Secretary, Miss Madge B. Carter, Des Moines, Iowa.

KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES.

President, Miss Nellie Gillette, Louisville.
Corresponding Secretary, Miss Annie E. Rece, Louisville.

LOUISIANA STATE NURSES' ASSOCIATION.

President, Miss C. Fromherz, New Orleans, La.
Secretary, Miss Olin Norman, 1517 Antoine Street, New Orleans, La.

MASSACHUSETTS STATE NURSES' ASSOCIATION.

President, Miss Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.
Secretary, Miss Esther Dart, Stillman Infirmary, Cambridge, Mass.

MARYLAND STATE NURSES' ASSOCIATION.

President, Miss Mary C. Packard, 27 North Carey Street, Baltimore, Md.
Secretary, Miss Sarah F. Martin, Robert Garrett Hospital, Baltimore, Md.

MICHIGAN STATE NURSES' ASSOCIATION.

President, Miss Sarah E. Sly, Birmingham, Mich.
Secretary, Miss Katharine M. Gifford, 63 Bostwick Street, Grand Rapids, Mich.

MINNESOTA STATE NURSES' ASSOCIATION.

President, Mrs. Alex. Colvin, 623 Grand Avenue, St. Paul, Minn.
Secretary, Marie R. Jamme, Court House, Minneapolis.

MISSOURI STATE NURSES' ASSOCIATION.

President, Mrs. M. E. Gibson, Jewish Hospital, St. Louis, Mo.
Corresponding Secretary, Miss Anna Belle Adams, University Hospital, Kansas City, Mo.

GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE.

President, Miss Ada J. Morey, Wilder, Vt.
Corresponding Secretary, Miss B. M. Truesdell, 36 Merrimack, Concord, N. H.

NEW JERSEY STATE NURSES' ASSOCIATION.

President, Mrs. d'Arcy Stevens, 475 Main Street, Orange, N. J.
Secretary, Miss Emma Young, 103 Spruce Street, Newark, N. J.

NEW YORK STATE NURSES' ASSOCIATION.

President, Miss Anna Davids, R. N., Williamsburg Road, Richmond Hill, Queen's Borough, New York.
Secretary, Miss Frida Hartmann, 82 East Eighty-first Street, New York City.

NORTH CAROLINA STATE NURSES' ASSOCIATION.

President, Miss M. L. Wyche, Durham, N. C.
Secretary, Miss Edith Eaton, R. N., Wilmington, N. C.

OHIO STATE NURSES' ASSOCIATION.

President, Miss Crandall, Dayton, Ohio.
Secretary, Mrs. Elizabeth Mason Hardbock, Springfield, Ohio.

OREGON STATE NURSES' ASSOCIATION.

President, Miss L. G. Richardson, Third and Montgomery Streets, Portland, Oregon.
Secretary

GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA.

President, Miss Rosetta West, Wilkes-Barre, Pa.
Secretary, Mrs. Edwin W. Lewis, 823 Second Street, Braddock, Pa.
Treasurer, Mr. William R. McNaughton, 265 Emerson Street, Pittsburg, Pa.

RHODE ISLAND STATE NURSES' ASSOCIATION.

President, Miss Lucy C. Ayers, Rhode Island Hospital, Providence, R. I.
Secretary, Miss Margaret J. McPherson, 99 Clay Street, Pawtucket, R. I.

VIRGINIA STATE NURSES' ASSOCIATION.

President, Miss M. E. Bryson, 714 Colquhoun Street, Danville, Va.
Corresponding Secretary, Miss M. J. Minor, 108 North Seventh Street, Richmond, Va.

WASHINGTON STATE NURSES' ASSOCIATION.

President, Mrs. A. S. Marshall, Spokane, Wash.
Secretary, Mrs. Schofield, Spokane, Wash.

WEST VIRGINIA STATE NURSES' ASSOCIATION.

President, Mrs. George Loundsbury, Charleston, W. Va.
Secretary, Miss Margaret Joachim, Charleston, W. Va.